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ABSTRACT

The present Beat the Blues Program is based in a cognitive-behavioral model. It has been developed as an 8-module group treatment program for 8-10 participants and is usually run over 8 weeks. Each module focuses on aspects of the model and provides exercises, strategies, and techniques for understanding and dealing with depression and anxiety. One of the aims of this short-term program is to raise awareness for the situations that contribute to depression, the physiological correlates, the importance of thoughts/self-talk and its relationship to feelings and behavior. However within the cognitive-behavioral framework it is not sufficient to acquire an intellectual understanding of the management of depression, it is necessary to identify the triggering events, and distorted thought patterns and to learn and practice ways of constructively dealing with depressed mood as well as framing events so that they do not lead to feeling depressed in the first place. (Author)

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Beat the Blues

A CBT based program for the treatment of depressive symptomatology

By

Manuela H. Habicht, Ph.D.

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ABTRACT

The present Beat the Blues Program is based on a cognitive-behavioural model. It has been developed as an 8-module group treatment program for 8-10 participants and is usually run over 8 weeks. Each module focuses on aspects of the model and provides exercises, strategies and techniques for understanding and dealing with depression and anxiety. One of the aims of this short-term program is to raise awareness for the situations that contribute to depression, the physiological correlates, the importance of thoughts/self-talk and its relationship to feelings and behaviour. However within the cognitive-behavioural framework it is not sufficient to acquire an intellectual understanding of the management of depression, it is necessary to identify the triggering events, and distorted thought patterns and to learn and practice ways of constructively dealing with depressed mood as well as reframing events so that they do not lead to feeling depressed in the first place.

TABLE Of CONTENTS

Chapter	Page
Module 1	
• Welcome	1
• Distribution of participant's pack (contains timetable, pen, pad)	1
• Icebreaker exercise - "Getting to Know You"	1
• Establishment of Group Rules small groups)	1
• Participants' expectations of the course	2
• Definitions of Depression	2
• Symptoms of Depression (if video is used)	5
• Pre-intervention assessment (if Pre-test and start of program are more than 4 weeks apart)	5
• Cognitive-Behavioural Therapy for Depression	5
• The symptoms of stress - flight and fight response	8
• Breaths per minute exercise, Diaphragmatic breathing'	9
• The Relaxation Response description	10
• Relaxation techniques and practice	10
Module 2	
• Group debrief	20
• Understanding the medications frequently prescribed for depression	20
• Six second breathing cycle	22
• Use thought stopping to manage depression	22
• Sleep management	24
• Determining what activities are Stress Busters	25
• List of Pleasant Events	26
• Dealing with procrastination	26
• Relaxation	26
Module 3	
• Group Debrief	34
• Creating a Support Network	34
• Sources of external stressors	35
• Sources of internal stressors	36
• Negative and positive coping styles of Depression	37
• Relaxation	37

TABLE Of CONTENTS (continued)

Chapter	Page
Module 4	
• Group Debrief	43
• Exploration of thinking patterns in Depression	43
• Core Beliefs	43
• Identifying the "A,B,Cs"	44
• Examples of "A,B,C's" in Depression	44
• Challenging negative thinking through Cognitive Restructuring	44
• Use of affirmations/positive coping statements	44
• Relaxation	45
Module 5	
• Group Debrief	63
• Understanding and overcoming "avoidance" in Depression	63
• Some principles of loss and grief	64
• Goal Setting	64
• Time Management	65
• Relaxation	65
Module 6	
• Group Debrief	75
• Self Motivation, nurturance and responsibility	75
• Assertion Training - introduction	75
• Difference between aggressive, passive and assertive styles of communication	75
• Understanding human Rights	77
• Relaxation	78
Module 7	
• Group Debrief	89
• On-the-Spot Assertiveness	89
• Managing anger more effectively - strategies	91
• Introduction to conflict resolution - use of "I" statements "time out"	92
• Relaxation	93

BEST COPY AVAILABLE

TABLE Of CONTENTS (continued)

Chapter	Page
Module 8	
• Group Debrief	104
• Healthy Lifestyle - nutrition and vitamins	104
• Building self-esteem - your uniqueness and personal strengths	107
• Fine tuning goal setting	109
• Revision of the program	112
• Evaluation and Post-intervention	112
• Relaxation	112

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Module 1

- **Welcome**
  All participants are provided with an introduction and the justification for a CBT based treatment program. (see CBT hand-out) It is important that the facilitator provides a brief statement about CBT being an evidence-based intervention and encourages the participants to read the CBT hand-out at home.

- **Distribution of participant's pack (contains timetable, pen, pad)**

- **Icebreaker exercise - "Getting to Know You"**
  All clients are asked to form pairs. They are asked to talk to each other and provide some personal details such as their names, age, interest, and reason for joining the group etc. They will be given approximately 2-3 minutes before being asked to change their roles with the other partner providing the information. Again after 2-3 minutes they will be asked to return to the group and will introduce each other. The facilitator and co-facilitator will join the exercise providing some information about themselves. (This information might include where they work and what role they perform etc.)

- **Establishment of Group Rules**
  Facilitators assist members to formulate a list of guidelines or group rules. The purpose of this exercise is to demonstrate to participants that they are responsible for the smooth functioning of the program and ought contribute significantly to the development of rules to enable such.

  The facilitator points out that to work effectively with each other on tasks that will benefit all mutually, the development of an agreed 'code of conduct' or Working Agreement is necessary. Facilitators may need to provide some assistance by writing a sample list of issues, on the white board, for participants to address. This list may include the following topics:

  - *Confidentiality* -what is said in the room during the program is not to be repeated elsewhere.
  - *Attendance* - the group must determine what absences are acceptable.
  - *Interruptions* - the right of each person to contribute to group discussions without being interrupted.

  Participants are asked to work in pairs or small groups of up to 4 and a spokesperson from each group is invited to share their group's thoughts on

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the topic with the whole group. Allow approximately 15 minutes for groups of four and less time for pairs to work together on this task.

Following the feedback to the larger group from all spokespersons, facilitators are to attempt to achieve consensus on an acceptable 'Working Agreement' with the whole group. This may be a simple exercise or may take longer than anticipated. It is important that agreement amongst participants is negotiated prior to the end of the session.

If this is not achievable then either extra time ought to be set aside to continue the discussion, or participants are themselves tasked with suggesting an alternative process for the completion of the Working Agreement. This Agreement ought to be in place prior to Session 2. Facilitators are asked to have the Working Agreement typed up for distribution in Session 2.

- **Participants' expectations of the course**

Information about groups working together is provided to participants at this stage of the program so as to encourage an interest in co-operative learning. Stages of group development are discussed.

The facilitator encourages a discussion on the dynamics of group processes and participants expectations, including:

- how the roles of facilitators and group members might change as the program progresses:
- the development of trust and confidence within the group;
- progressive disclosure once confidentiality is established;
- roles and behaviors which can aid or hinder the group development process;
- concept and purpose of feed-back

- **Definitions of Depression**

It is optional to show a video about depression to all participants. This can either be a generic video about depression or specifically targeted at depression in males, young people or older people.
Following the video the following information should be discussed with all participants.

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What is depression?

We often use depression to describe feelings of sadness and grief that most of us experience at stages of our lives. It is also a clinical term used to describe forms of mental illness. Depression is a biological disorder that is made worse by life stress. It is a medical condition that affects your thoughts, feelings, behaviours and physical health as a result of alterations in body chemistry. It is a collection of signs and symptoms that persist over time which are not the normal reaction to life stresses.

What is not?

Depression is not the feelings of sadness or unhappiness that occur as a normal reaction to everyday stresses such as loss of a loved one or a relationship breakdown. This is a normal reaction to life events. Usually this is just a temporary low - we gradually pick up again and get back to normal. Depression is not a sign of weakness nor that someone has just given in. It's not feeling blue or got out of the wrong side of the bed. The person is unable to just pull him or herself out of it.

What causes depression?

There are many reasons why depression occurs. These can differ from person to person and are often a combination of psychological, biological and social factors. For some people biological (physical) reasons appear to be why depression develops. For other people psychological or social factors appear to be the trigger. Depression may follow on from stress and have an identifiable cause or may develop out of the blue without any apparent cause even when life appears to be going well.

- *Biochemical imbalance:*
  Altered levels of neurotransmitters, which communicate messages between nerve cells in the brain. Low levels of noradrenaline and serotonin are particularly associated with depression.
- *Biological factors:*
  There is some correlation between physical illnesses and depression.
- *Certain prescription medications may cause depression:*
  Some drugs used to treat hypertension, some hormones, corticosteroids and several anti Parkinson drugs are all drugs that can cause depression.
- *Hereditary factors:*
  As with other illnesses including diabetes and heart disease the tendency to develop depression runs in families.
- *Excessive stress:*
  Depression is associated with stress such as following personal tragedies

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or disasters. A combination of life events and losses can also contribute to a sense of inability to cope.

- *Developmental crisis and life events:*
  People are more prone to depression at specific life stages including adolescence, midlife and elderly and when experiencing a loss or during times of change.
- *Personality:*
  People with certain personality characteristics are more prone to depression. Perfectionists and people who are very dependent on others are seen to be susceptible to depression under certain circumstances.
- *Other psychiatric conditions:*
  Depression can play a part in other psychiatric conditions including bipolar disorder (manic depression), schizophrenia, psychosis and anxiety disorder.
- *Alcohol and illegal drugs such as marijuana:*
  These substances are known to cause or increase the symptoms of depression.

What else could it be?

Depression plays a part in other illnesses and disorders including:

- Bipolar (manic depression) Some Physical Illnesses
- Anxiety disorders Side effects of some medications
- Panic disorders Obsessive compulsive disorder
- Substance abuse. Schizophrenia
- Eating disorders. Other psychiatric disorders.

Who gets depressed?

- Research shows that one in every twenty people will become depressed.
- Anyone can get depressed but certain groups appear more vulnerable than others do. Young adults (aged between 15 and 20) and people in their early 40's appear to be the most at risk.
- Women appear twice as likely as men to suffer from depression.
- People with lower incomes and less education are more likely to become depressed.
- Certain factors affect vulnerability including early life experiences (child abuse or major losses in childhood etc) Personality style (highly self critical of have low self-esteem). Sensitive personalities who often feel slighted or criticized when no negative intent is implied. Biological factors (including family members with depression), some physical illnesses and the strength or lack of social support systems.

Types of depression?

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There are several types of depression. These can range from a short-lived feeling of sadness that is related to a particular life event and will resolve without treatment to the major mental illness requiring immediate treatment.

- Psychotic. Reactive depression
- Post natal Endogenous
- Bipolar or Manic Depression. Prolonged bereavement
- Mixed anxiety and depression Typical and Atypical depression
- Hidden depression (can put on a brave face and deny any problems and
- hide the depression)

With so many types of depression it is important to distinguish the type of depression a person may have in order to determine treatment.

- **Symptoms of Depression**

It is advisable to ask the participants for input about the symptoms of depression. Facilitators should use the whiteboard to gather the information or rehearse together with participants what has been presented in the video. Depression has characteristic symptoms that affect a person's thoughts, feelings and everyday functioning and have persisted over time. Not everyone will experience all of the symptoms of depression or to the same degree.
Sleep Disturbance - Either too little or too much without feeling refreshed or with profound fatigued.
Lack of enjoyment in life is a typical symptom of depression however some people are able to maintain an ability to respond to pleasant experiences in a positive way.
Appetite is affected by either lack of interest in food or overeating and often craving carbohydrates with the inevitable weight gain.
Low energy or fatigue
Low self esteem
Feelings of hopelessness and despair
Feelings of worthlessness
Excessive guilt or self blame
Suicidal thoughts

- **Pre-intervention assessment**

Administer a BDI as well as a BAI to all participants (if Pre-test and start of the program are more than 4 weeks apart)

- **Cognitive-Behavioural Therapy for Depression**

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The purpose of this topic is to introduce simple concepts that will be developed throughout the program. It is important to demystify some of the terms used in the program and clarify the relationship between thoughts, feelings and behaviors.

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Facilitators are to read the case example to the group.

Case Example

The Story of Robert

Robert woke up with a start. It was his all too predictable pattern, he immediately strained to hear if there were any unusual sounds that might have awakened him. "All I hear is the sound of Barbara breathing deeply as she sleeps next to me," he thought. "Dammit, I'd give anything to be like her and be asleep right now". Satisfied that nothing unusual was going on. Robert looked at the clock. He realized that he didn't need to get up for nearly two hours; that just made him angry with himself. Moments later, his mind raced and spun as ideas about his work coincided with things he planned to do that day and with events from yesterday. "Why am I spinning all this stuff around in my head when I should be asleep? Another day of the same damn thing - wake up way too early, lie in bed trying to fall back asleep, flash on everything in my life I hate, feel tired as hell all day from not sleeping, go to bed thinking I'm so tired I'll sleep great, and start the same damn cycle all over again tomorrow. Who am I kidding? There is something wrong with me - maybe I should see a sleep specialist or something."

Robert turned over, way from the clock that kept telling him how much sleep he wasn't getting. Thinking he had a sleep disorder and that a sleep specialist might help him somehow made him feel a little better for the moment. "I'll probably just need some kind of sleeping pill for a little while until I learn to relax more.," he decided. When he finally got out of bed after a half-hour of tossing and turning, Robert looked at Barbara and wished she was awake, too. A pang of guilt for thinking that passed through him and lingered as he looked at her sleep. Why should she suffer the way I did? He tried to remember the last time that they had made love, but couldn't. It had been quite a while since he'd felt any desire for lovemaking. Another guilt pang.

His mind still racing along with hundred different thoughts, none of which was very important when he evaluated it. Robert turned on the television and watched some old-night or early-morning program on gardening. He thought that watching it would bore him to sleep. "I hate this; I wish I could sleep and wake up feeling rested and refreshed just once, instead of sitting here alone watching this crap while Barbara and the rest of the world snoozes on with not a care in the world." Robert learned a little more about pruning rosebushes than he cared to know that particular morning.

By the time Barbara got up, he could barely contain his irritation over her sleeping well and waking up cheerful. "God, I hate mornings," Robert said out loud to no one in particular as he shaved. "They're the worst part of my day. And today is going to be rotten - I can tell already. But, the, most days are." Robert pushed himself through the morning routine of shaving, showering, dressing, and mumbling a few words to Barbara, and then headed to work. He

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was tired already, and dreaded the prospect of a full day of work on so little sleep. His anxiety level rose as he thought of all the things that he was expected to do. He put on his socially acceptable but totally phony smile as he entered the office, and proceeded to carry out his tasks for the day. At the end of the day, on his way home, Robert realized he'd forgotten to follow up on his idea for scheduling an appointment with a sleep specialist. "Maybe I just have a different sort of metabolism that I have to learn to accept," he said to himself, most unconvincingly. His thoughts turned to the evening news and what Barbara had a mind for dinner, even though he didn't much feel like eating.

Too early the next morning, Robert learned about the joys of growing his own tomatoes.

Generate a discussion about why people behave in the way they do. Are our behaviours automatic responses? Or are they based on circumstances and resultant feelings? What role do thinking processes play in choosing behaviour? What usually comes first - thoughts - feelings or behaviours?

It may be necessary to provide participants with definitions of thoughts, feelings and behaviours if these concepts are confused:

Definitions:

Thoughts -	Include memories, planning, daydreams, any thinking about what may or may not happen, thoughts interpreting the behaviour of others or thoughts on what others think.
Feelings-	Emotional responses to either things that happen or on thoughts - such as sadness, guilt, worry, depression, anger or happiness.
Behaviours-	Actions you can see, whether planned or unplanned

Using the **OHT (Cognitive Model)** display the diagram representing the cognitive-behavioural model and discuss the interaction between thoughts, feelings and behaviours. It is important to stress the circularity of these elements, in that thoughts can lead to feelings and feelings can lead to thoughts, however it is simpler to conceptualize thoughts leading to feelings to behaviors.

- **The symptoms of stress - flight and fight response**

The ground work for the modern meaning of "stress" was laid by Walter Cannon, a physiologist at Harvard around the turn of the century. He was the first to describe the "fight or flight response" as a series of biochemical changes that prepare you to deal with threats or danger. Primitive man

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needed quick bursts of energy to fight or flee such predators as a saber-toothed tiger. These days, when social custom prevents you from fighting or running away, this "emergency response" is rarely useful.

Hand Selye, the first major researcher on stress, was able to trace exactly what happens in your body during a fight or flight response. He found that any problem, imagined or real, can cause the cerebral cortex (the thinking part of the brain) to send an alarm to the hypothalamus (the main switch for the stress response, located in the midbrain). The hypothalamus then stimulates the sympathetic nervous system to make a series of changes in your body. Heart rate, muscle tension, metabolism, and blood pressure all increase. Hands and feet get cold as blood is directed away from your extremities and digestive system into the larger muscles that can help you fight or run. People experience butterflies in their stomach. The diaphragm and anus lock. The pupils dilate to sharpen your vision and your hearing becomes more acute. While all of this is going on, something else happens that can have long-term negative effects if left unchecked. Adreanal glands start to secret corticoids (adrenaline, epinephrine, or norepinephrine) which inhibit indigestion, reproduction, growth, and tissue repair and the response of your immune and inflammatory systems. In other words, some very important functions that keep the body healthy begin to shut down.
The same mechanisms that turned the stress response on can turn it off. This is called the *relaxation response*.

- **Breaths per minute exercise, Diaphragmatic breathing'**

Breathing exercises have been found to be effective in reducing depression, generalized anxiety disorders, panic attacks, and agoraphobia, irritability, muscle tension, headaches and fatigue. They are used in the treatment and prevention of breathholding, hyperventilation, shallow breathing, and cold hands and feet.
While breathing exercises can be learned in a matter of minutes and some benefits experienced immediately, the profound effects of the exercise may not be fully appreciated until after months of persistent practice.
The first step is to increase awareness of your breathing habits and to learn how to use breathing as a relaxation skill.
Breathing Awareness

1. Close your eyes. Put your right hand on your abdomen, right at the waistline, and put your left hand on your chest, right in the center.
2. Without trying to change your breathing, simply notice how you are breathing. Which hand rises the most as you inhale - the hand on your chest or the hand on your belly?

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If your abdomen expands, then you are breathing from your abdomen or diaphragm. If your belly doesn't move or moves less than your chest, the you are breathing from your chest. The trick to shifting from chest to abdominal breathing is to make one or two full exhalations that push out air from the bottom of your lungs. This will create a vacuum that will pull in a deep, diaphragmatic breath on your next inhalation.

1. Inhale and exhale through your nose. Exhaling through your nose will slow down your breathing and prevent hyperventilation. As an alternative to breathing through your nose, inhale through your mouth and make a purifying exhalation through your mouth by pretending that you are blowing through a straw.
2. Lie on your back of sit comfortable in a chair with your hand over your abdomen, and the other hand on your chest. *Exhale first*, and then breathe in through your nose, counting "One...two...three." Pause a second and then breathe out through your mouth, counting "one...two...three...four" Make sure that your exhalation is always longer than your inhalation. This will protect you from taking short, gasping panic breath.
3. Keep practicing these slow deep breaths, pushing the hand on your abdomen up, but allowing very little movement for the hand on your chest. When your mind drift, refocus on your breathing. Depending on how slowly you breathe when you are at rest, your rate can be set at either eight or twelve breaths a minute.

- **The Relaxation Response description**

As soon as you decide that a situation is no longer dangerous, your brain stops sending emergency signals to your brain stem, which in turn ceases to send panic messages to your nervous system. Three minutes after you shut the danger signals, the fight or flight response burns out. Your metabolism, heart rate, breathing rate, muscle tension, and blood pressure all return to their normal levels. Herbert Benson (1975) suggests that you can use your mind to change your physiology for the better, improving your health and perhaps reducing your need for medication. He coined the term "relaxation response" to refer to this natural restorative process.

- **Relaxation techniques and practice (e.g. Progressive Muscle Relaxation/Deep Relaxation (visualization) (participants asked to bring a blank tape for next session)**

(see Relaxation Record Sheet, PMR with tension, PMR without tension)
All participants should be taught PMR. Depending on group requirements the facilitator should choose the most appropriate option.

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- **Homework**
  Participants are asked to practice relaxation training twice a day. It should be suggested to them to practice diaphragmatic breathing in the morning because of time constraints (in case they are gainfully employed) and to focus on progressive muscle relaxation training in the evening. It is suggested that they can do their exercise in the comfort of their bed to assist them in falling asleep. They are asked to record their exercises on the relaxation Record Record Sheet

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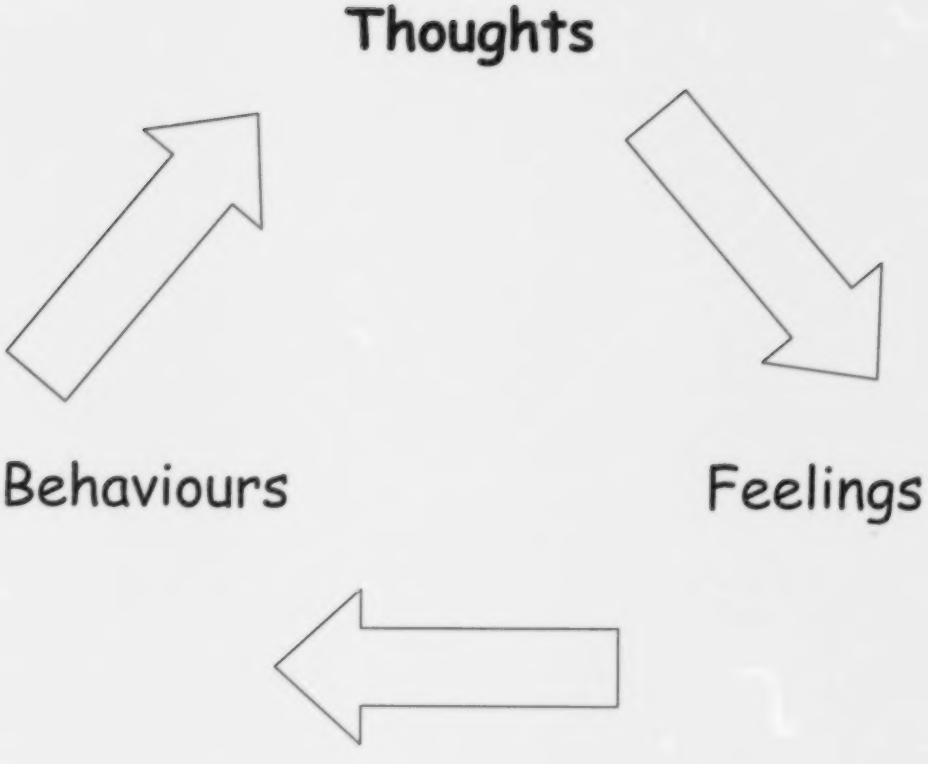
Cognitive Model (OHT)



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Cognitive Behavioural Therapy (CBT) (Hand-out)

Cognitive behavioural therapy or CBT is a successful form of treatment for disabling, distressing and persistent feelings of depression, anxiety and anger. CBT identifies ineffective thinking and self-defeating behaviours and offers new positive and supportive ways of coping with life's challenges.

Who could benefit from CBT?
CBT is particularly helpful for people experiencing depression, anxiety, eating difficulties, substance abuse and issues with anger and frustration. There are four major factors known to affect vulnerability to feelings of depression.

- Genetic or biological factors such as hereditary factors.
- Early life experiences such as major losses.
- Personality styles such as poor relationships of abuse
- Social support systems such as lack of support and loneliness.

CBT considers that it is the way we think and behave which affects how we feel.

How does it work?
CBT is a short-term therapy, which focuses on specific conflicts or abnormal thinking. CBT offers problem solving strategies empowering the person in taking control of their lives and how they are feeling. CBT works to modify the process of people who experience negative or gloomy thoughts. CBT teaches cognitive restructuring whereby individuals recognise and understand their tendencies to think negatively and replace these negative thoughts with positive interpretations of the situation.

How is CBT used?
The primary task of CBT is to challenge ways of thinking using an established range of techniques including

cognitive restructuring
coping with skills therapy
problem solving therapy.

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Relaxation Record Sheet (Hand-out)

Level of Relaxation

0 1 2 3 4 5 6 7 8
none extreme

Date	Exercise	Level of Relaxation	Level of Concentration
	1		
	2		
	1		
	2		
	1		
	2		
	1		
	2		
	1		
	2		
	1		
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	2		
	1		
	2		

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Progressive Muscle Relaxation with tension (Hand-out) Page 1

The following exercise script for progressive muscle relaxation (with tension) can be adapted to suit your individual needs. It is recommended that you record the script and then you can play it back for use as a relaxation tool. When recording, you should speak slowly, in a fairly monotone voice and inject pauses where appropriate.

Progressive Muscle Relaxation (with tension)

Get comfortable and close your eyes. Keep them closed throughout the rest of the exercise. Now take a minute to finish whatever you have on your mind. Then concentrate on getting as relaxed as you possibly can. Don't worry about getting perfectly relaxed. Just get as relaxed as you can for today.

Now, as you relax like that, clench your right fist. Clench it tighter and notice the tension as you do so. Right hand tense, forearm tense..... Now relax your right hand. Let the tension dissolve as your fingers loosen up..... Feel that relaxation.....Now get yourself comfortable and let yourself relax more all over.....Look for the tension.....study it.....Now let go. Relax. Let all the muscles in your right arm go loose and heavy.....

Now clench your left fist.....tighter and tighter.....keep the rest of your body relaxed as you isolate the tension in your left hand and forearm..... Now relax once again. Relax more and more deeply.....Let the relaxation proceed on it's own as you do nothing more than release the tension you had produced.....Once again, clench your left fist.....hold it.....observe the feeling in your left hand and forearm.....Now relax.....

Now clench both fists.....both fists tense....and relax. Let all the muscles in your arms become loose. Let gravity take over. Clench both fists again.....tighter and tighter.....Now relax both hands.....Notice the contrast in your feelings between when you tense up and when you relax.....

Now bend your elbows and tense your biceps.....Both arms up.....now relax your arms.....let them gently fall back into a comfortable and relaxed position, and become more relaxed all over.....Once more, tense your biceps.....study the tension.....and relax.....just feel that relaxation.

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Progressive Muscle Relaxation with tension (Hand-out) Page 2

Now straighten your arms and tense your triceps.....tense them harder....and relax.....let the relaxation proceed on it's own.....Once again, tense your triceps.....tighter and tighter.....notice the tension.....and relax. Let your arms relax completely. Let go more and more. Even when your arms feel totally relaxed, let them relax even further. And let your whole body relax more and more deeply.....As you relax, you might feel a tingling sensation, you might feel a warm sensation, your arms may feel heavy, or you may feel so light that it almost seems like you are floating. Whatever you feel, notice it and go with it, relaxing deeper and deeper and even deeper.

Now direct your attention to your facial muscles. Raise your eyebrows and wrinkle up your forehead.....wrinkle it tighter.....Now relax your forehead.....feel a gentle wave of relaxation flowing over your forehead and scalp, smoothing it out.....Now frown and crease your brows.....relax once more and notice the difference.....Now close your eyes tighter and tighter.....study the feelings.....and relax your eyes. Keep your eyes closed gently, comfortably and relax.....Now crinkle up your nose, observe the tension.....relax, and note the difference.....Now bite your teeth together and feel the tension in your jaw.....Relax your jaw, letting your lips part slightly as you do....just feel that relaxation.....Now push your tongue up against the roof of your mouth.....and relax.....appreciate the relief.....Now press your lips together....tighter and tighter.....and relax....let yourself relax to the best of your ability.....Notice how the relaxation progresses more and more deeply as you do noting but let go of the tension.....just let yourself relax....

Now shrug your shoulders up and feel the tension in your shoulders, neck and upper back.....relax your shoulders.....Now bring your shoulders forward and feel the tension that way.....relax your shoulders again, relaxing more and more deeply.....Feel the relaxation in your shoulders, neck and upper back.....Relax your eyes.....feel the deepening relaxation in your nose.....cheeks.....jaws.....lips.....tongue.....and even down into your throat.....Let yourself relax.....

Now breathe in deeply and hold your breath.....study the tension.....now let the air out slowly, automatically, and relax. Continue to breathe normally and relax. Continue to breathe normally, gently, freely and relax.....Notice how each time you breath out, you relax deeper and deeper, Go with it.....With each exhalation relax more and more deeply.....

Now take a deep breath. Then let the air out. Continue pushing it out, until your lungs are empty, then stop. Don't breathe.....feel the tension and uneasiness from stopping your breathing.....Don't breathe.....Now breathe in. Breathe normally, gently, freely, and appreciate the relief.....Once again, notice how each time you exhale the relaxation progresses more and more deeply.....

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Progressive Muscle Relaxation with tension (Hand-out) Page 3

Now, as you relax like that, press and tighten your stomach as if you are preparing to get hit in the stomach....hold it, observe the tension....and relax....Notice the sense of calm that fills you as you relax your stomach more and more.....Now push your stomach out as far as it can go.....and relax your stomach.....This time, pull your stomach in, look for the tension....now relax. Relax your stomach fully....feel the waves of relaxation spread throughout your stomach, chest and upper back.....

Now tense your buttocks and thighs by pressing your heels down on the ground as hard as you can.....Study the tension.....Now relax your hips and thighs and note the difference....Once again tense your thighs....and relax.....Experience the vast contrast in feeling in your legs as your muscles switch off, relaxing more and more.....Now flex your calves by pointing your toes.....and relax your calves.....This time bring your toes up toward your face so that you feel tension along your shins.....Now relax again.....keep relaxing like that.....notice the heaviness of your lower body as you let all your muscles grow loose and you let gravity take over.....

Let yourself relax further all over.....feel the relaxation in your toes and feet.....spread the relaxation up your legs, over your ankles, calves and shins, knees, thighs, buttocks and hips.....Let yourself relax more and more.....Feel the relaxation spread into your stomach, waist and lower back.....the waves of relaxation travel down through your chest and upper back into your shoulders and arms, down to the tips of your fingers, relaxing you further and further and deeper and deeper.....Feel the relaxation in your neck, throat and mouth.....feel the relaxation deepening in all the muscles of your face. Let yourself relax more and more deeply in your jaw, nose eyes brow, forehead and scalp.

Feel relaxed from head to toe.

Now in just a moment, I will count backward from five to one. When I get to one, you will feel relaxed and refreshed but alert and wide awake....5.....4.....3.....2.....1.

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Progressive Muscle Relaxation without tension (Hand-out) Page 1

The following exercise script for progressive muscle relaxation (without tension) can be adapted to suit your individual needs. It is recommended that you record the script and then you can play it back for use as a relaxation tool. When recording, you should speak slowly, in a fairly monotone voice and inject pauses where appropriate.

Progressive Muscle Relaxation (without tension)

"Get yourself comfortable and close your eyes. Keep your eyes closed comfortably throughout the exercise"

"Now take a minute and try to clear your mind of any distractions and concentrate on getting as relaxed as you can. Don't worry about being perfectly relaxed just try to get as relaxed as you can for now" (*Pause for about 1 minute)*

"Now, as you relax, I want you to imagine a warm beam of light shining on a spot in the middle of your forehead. A warm beam of light hitting that spot in the middle of your forehead and sending penetrating waves of warm relaxation flowing through your forehead and scalp, smoothing them out.....Just feel the relaxation in your forehead and scalp.....and flowing down over your eyelids and into your eyes..... the relaxation penetrating deeply into your eyes, making your eyes feel very soft.....relaxing you more and more deeply.....Feel the relaxation flowing gently across your nose and spreading across your cheeks....The relaxation travels across your cheeks and into your jaws.....feel the relaxation in your face and jaw.....and let your lips part slightly as your jaw relaxes more and more deeply.....just let go.....let all your facial muscles hang loose and easy and free of wrinkles as the relaxation now spreads into your mouth....Relax your lips and your tongue.....and feel the relaxation even flowing deep into your throat.....Let yourself relax.....

Relax your neck....and let the waves of relaxation spread into your shoulders and upper back, relaxing you more and more.....Spread the relaxation over your shoulders and down into your arms....Feels the waves of relaxation travelling down your arms, flowing deeply into your biceps and triceps...across your elbows and into your forearms....the waves of relaxation penetrating into your forearms deeply massaging, soothing and relaxing your forearms more and more....Feel the relaxation flowing through your wrists, into your hands to the very tips of your fingers.....Your fingertips may begin to tingle, your hands may feel cool or warm-whatever you feel, go with it relaxing more and more deeply....relaxing further and further, deeper and deeper....

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Progressive Muscle Relaxation without tension (Hand-out) Page 2

Feel how relaxed and comfortable you feel...breathe easily and freely in and out....and notice how much more relaxed you become each time you exhale...each time you breathe out. As you breathe, you become more and more relaxed....and feel that relaxation spreading out across your chest and into your back... feel the waves of relaxation flowing around down your sides and down into your stomach and waist...and all the way through to your lower back in a warm,
penetrating wavy calm... a definite wave of calm...notice how secure and at peace you feel as you relax more and more...and deeper and deeper...

The waves of relaxation spread down into your hips and buttocks....the relaxation flows into your upper legs, and as your thigh muscles just shut off, grow loose, and you let gravity take over.....your legs feel heavy as the relaxation spreads across you knees....flowing down into your shins and calves....quiet and still and very, very relaxed....your legs may feel as if they are melting into the chair....the relaxation grows deeper into your ankles and into your feet and toes...feel relaxed from head to toe.....and feel the calm that goes with the relaxation....a good safe, secure feeling....a feeling of peacefulness....let yourself relax.....

Now in a moment I will count backwards from five to one...When I get to one you will feel relaxed and refreshed, but alert and wide awake....5.....4.....3.....2.....1...when you feel like it just open your eyes.

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Module 2

- **Group debrief**
  Hand out the typed group rules.
  Review home tasks and encourage the client's to share their thoughts and feelings at the beginning of the new session. It is important to place emphasis on the relaxation training. Problems regarding its implementation should be discussed and resolved. Facilitators should spend about 15 minutes on the debrief as well as the schedule for session 2.

- **Understanding the medications frequently prescribed for depression**
  Medication used to treat depression works by relieving the symptoms of depressed mood - acting on certain chemicals in specific areas of the brain especially serotonin and noradrenaline which are chemical messengers that allow certain nerves in the brain to work.
  The best way to approach this section is to use the whiteboard and encourage participants to share which medication they use and what side effects that might have experienced. In addition to the information provided by the participants the facilitator should add the missing information.
  Anti-Depressants is the name given to the drugs used to treat depression. These are grouped into various sub groups because of the chemical formula. It is this formula which allows each substance to have the effect it does on this chemical imbalance which causes depression. Chemical imbalances would have been occurring for a lengthy period before the person would have needed treatment. Therefore, in the same way, treatment will need to be continued for at least 6 months after symptom resolution to improve this imbalance.
  Sub-groups of anti-depressants: One group of antidepressants has been available for years whereas others are more recent research discoveries. Each new group of drugs aims to maintain the good effects and reduce *side effects*. Unfortunately, although drugs have the desired good effects, all have some side effects. One group of antidepressants (MAOI's) are rarely used due to their 'incompatibility with certain foods and the need for restrictive diets.
  1. The **newest** group of antidepressant are called **SSRI's** (Selective serotonin re-uptake inhibitors). These have virtually replaced the older antidepressants as a first choice of treatment as there are fewer side effects.

  Examples: This group includes paroxetine (Aropax), fluoxetine (Prozac Zactin), sertraline (Zoloft), citaloprom (Cipramil), fluvoxamine (Luvox).

  How it works: The drug selectively inhibits the re-uptake of seretonin. (a chemical in the brain) It is usually given in low doses and then the dosage

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gradually increased until the correct dosage is found. This usually avoids any side effects.

Side Effects: The main side effects include drowsiness or insomnia, loss of appetite and weight loss, dizziness or light headedness, tremor, sexual dysfunction, delayed orgasm, sweating, headache, nervousness and anxiety, dry mouth, nausea.

One **advantage** is that these drugs rarely cause weight gain.

2. **Serotonin-noradrenaline reuptake inhibitor. (SNRI)**

Example: Venlafaxine (Efexor).

How it works: The action of this drug is unclear at this time. Most probably the action is to inhibit the uptake of specific chemicals in the brain namely serotonin and nor adrenalin.

Side effects: These include nausea, weakness, drowsiness, constipation, loss of appetite, dizziness, dry mouth.

3. **Reversible inhibitor of mono-amine oxidase. RIMA's**

Example: Moclobemide (aurorix)

How it works: The metabolism of dopamine, adrenaline and serotonin (chemicals in the brain) is decreased by this effect, and this leads to increased extra-cellular concentrations of these neuronal transmitters.

Side effects: These include sleep disturbances, dizziness, nausea, headache.

4. **Tricyclic anti depressants (TCA's)**

Examples include Imipramine (Tofranil), Amitytriptilene (Tryptonol) Nortriptyline (Nortab) Dothiepin (Prothiaden) Doxepin (Sinequan) and tetra cyclic Mianserin (Tolvon, Lumin).

These drugs are now used less frequently. The effect of these drugs will not be apparent for 3 - 4 days and can take much longer (30 days).

Tricyclic Antidepressants side effects include impaired reaction time (machinery precaution), sedation, dry mouth, blurred vision, sweating, dizziness, faintness, weight gain, constipation, impaired concentration.

General Information

- It is always best to avoid alcohol and marijuana while taking antidepressants as you will get drunk more quickly. You may become dizzy and risk injury by falling. Your judgement will also be affected.

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- Be aware of potential side effects that may affect your ability to drive a motor vehicle or handle machinery including power tools.
- Take time to allow your medication to work. It takes time for depression to develop and takes time for the medication to take effect.
- SEE Further Fact Sheets on individual medications.
- Never cease medication abruptly due to possible bad withdrawal side effects.

- **Six second breathing cycle**

During the group debrief the facilitator has gained an understanding of the difficulties that participants might have experienced during their breathing retraining.

If participants find it to difficult to use the counting techniques described in the last session, they can make a pacing tape that will teach them controlled breathing. To make a six second breathing cycle tape:

1. Say the word "in" for three seconds.
2. Say the word "out" for three seconds.
3. Pause for one second.
4. Continue to repeat that sequence for about five minutes.
5. After you have made your pacing tape, practice breathing with the tape four times per day. When you feel comfortable, practice controlled breathing with the tape off for thirty seconds and then turn the tape back on for one minute to see if your pace still matched the tape. If your breath rate remains the same, try turning the tape off for two minutes at a time, and then for five minutes. Each time you finish breathing on your own, turn the tape back on again to see if your pace is still matched to the tape.

- **Use of thought stopping to manage depression**

Thought stopping can help a person to overcome the nagging worry and doubt which stands in the way of relaxation. Thought stopping was first introduced by Bain in 1928 in his book *Thought Control in Everyday Life*. In the late 1950's it was adapted by Joseph Wolpe and other behavior therapists for the treatment of obsessive, phobic and depressive thoughts.

Thought stopping involves concentrating on unwanted thoughts and, after a short time, suddenly stopping and emptying the mind. The command "stop" or a loud noise is generally used to interrupt the unpleasant thoughts. There are three explanations for the success of thought stopping: (1) The command "stop" serves as a punishment, and behavior which is consistently punished is likely to be inhibited. (2) The command "stop" acts as a distractor, and the imperative self-instruction is incompatible with obsessive phobic thoughts. (3)

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Thought stopping is an assertive response and can be followed by thought substitution of reassuring or self-accepting statements.
Thought stopping is recommended when the problem behaviour is primarily cognitive, rather than acted out. It is indicated when specific thoughts or images are repeatedly experienced as painful or leading to unpleasant emotional states.

Time for Mastery
For effective mastery, thought stopping must be practiced conscientiously throughout the day for three days to one week.

Ask the participants now to list their stressful thoughts using "The Stressful Thoughts Inventory" (hand-out)

Instruction
Write down all the stressful thoughts that have come into your mind over the past few days or even week. For all items that you write down, rate them in column A from 1 to 5, based on these statements:
1. *Sensible.* This is quite a sensible and reasonable thing for me to think.
2. Habit. This is just habit. I think it automatically, without really worrying about it.
3. Not necessary. I often realize that this thought is not really necessary, but I don't try to stop it.
4. Try to stop. I know this thought is not necessary. It bothers me, and I try to stop.
5. Try very hard to stop. This thought upsets me a great deal, and I try very hard to stop it.

Then rate all items in column B from 1 to 4, based on the following statements:
1. *No interference.* This thought does not interfere with other activities.
2. *Interferes a little.* This thought interferes a little with other activities, or wastes a little of my time.
3. *Interferes moderately.* This thought interferes with other activities, or wastes some of my time.
4. *Interferes a great deal.* This thought stops me from doing a lot of things, and wastes a lot of time every day.

The questions that have to be asked is whether each stressful thought is realistic or unrealistic? It the thought productive or counter-productive? Is the thought neutral or self-defeating? Is the thought easy or hard to control?

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Thought stopping requires consistent motivation. All participants should decide then if they really want to eliminate any of the stressful thoughts that they have listed. They should select a thought and should be strongly committed to extinguishing. As a general rule of thumb any thought that has a discomfort rating of three, or an interference rating above two may warrant thought-stopping.

Thought Interruption
(This exercise should be explained and carried out in the session)
Set an egg timer or alarm clock for three minutes. Look away, close your eyes, and ruminate on your stressful thought . When you hear the ring, shout "STOP". You may also want to raise your hand, snap your fingers or stand up. Let your mind empty of all but the neutral thoughts. Set a goal of about 30 seconds after the stop, during which your mind remains blank. If the upsetting thought returns during that time, shout "STOP" again.

The advanced step to the process is to take control of the thought-stopping cue without a timer. While ruminating on the unwanted thought, shout "STOP". When you succeed in extinguishing the thought on several occasions with the shouted command, begin interrupting the thought with "STOP" said in a normal voice. After succeeding in stopping the thought by using your normal speaking voice, start interrupting the thought with "STOP" verbalized in a whisper. When the whisper is sufficient to interrupt stressful thoughts, use the sub-vocal command "STOP". Imagine hearing "STOP" shouted inside your mind. Tighten your vocal cords and move your tongue if you were saying "STOP" out loud. Success at this stage means that you can stop thoughts alone or in public, without making a sound or calling attention to yourself.

- **Sleep management**

What is sleep?
One of the first things to note about sleep is that it is not a uniform process. Just as one can tell the difference between wakefulness and sleep, so one can distinguish between different kinds of sleep, called sleep stages. This means that the type of sleep you have when you first fall asleep is in some ways different to the sleep you have had being asleep for some time.
The sleep cycle
During the night we pass in and out of five stages of sleep many times to a pattern called a sleep cycle. Each sleep cycle lasts about 90 minutes. Nearly all deep sleep is obtained in the first four hours of sleep. Therefore, even if you only sleep for four or five hours a night you get the same amount of deep sleep as someone who sleeps for eight hours a night.

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How to improve your sleep?

- Establishing a regular sleep-wake pattern is very important, especially waking up at the same time each morning. The time that you wake helps to set (or synchronize) all of your body's circadian rhythms.
- Comfort - The discomfort caused by a rumbling stomach, persistent aches and pains, or being too hot or too cold can prevent you from relaxing enough to fall asleep.
- Noise - Noise during the night (such as traffic) is another common source of sleep disturbances. Even if you do not awaken and cannot remember the noises the next day, the noises can interfere with your normal sleep pattern (close windows, use earplugs etc).
- Light - A light room will make it more difficult for you to fall asleep. Therefore, if you have trouble sleeping, it will be helpful to darken the room before going to bed and to ensure that the morning light does not wake you up in the morning.
- Allow a wind-down time prior to sleep
- Use your bed only for sleep
- Do not stay in bed when you are not asleep - If you have problems falling asleep, only go to bed when you are sleepy. If you do not fall asleep in about 10 minutes, get up and go to another room. Stay up until sleepy, and only then return to your bed to sleep. If you return to bed and still cannot sleep, repeat the preceding instructions.
- Coping with anxiety and worry
  - Set aside time for problem solving during the day
  - Get out of bed - If you are unable to stop worrying get out of bed
- Avoid napping during the day
- Avoid caffeine - Limit caffeine intake, avoid drinking caffeine after 4 p.m.
- Avoid nicotine (time frame)
- Avoid excessive alcohol
- Avoid sleeping pills
- Take a late snack (warm glass of milk, banana - high in tryptophan)
- Don't exercise before going to bed

- **Determining what activities are Stress Busters (Hand-out)**

Identify the current stressors in your life and differentiate between those that are avoidable and others that are unavoidable. You should make an effort to find ways to avoid some of them. The unavoidable ones should be differentiated in two categories: those that can be changed (time, frequency, duration) and others that can't.

The hand-out will assists in looking at the stressors in your current life situation. Participants should be given 10 minutes of time to complete the list A discussion should be initiated about the content.

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- **List of Pleasant Events**
  The concept of pleasant events (behaviour) and feelings as well as thoughts should be explained. All participants should be given the hand-out and approximately 10 minutes to complete it. A discussion should be encouraged and participants should be supported to engage in at least one activity from the *List of Pleasant Events* each day that they will attempt until the next session.

- **Dealing with Procrastination**
  When people feel depressed they start to delay tasks as a result of a lack of motivation and often because of decreased energy levels. Tasks are also very often delayed because the person has irrational beliefs about him/herself and his/her abilities. In order to deal with procrastination it is important to identify the tasks that are currently delayed and the reason for them being delayed in order to address the problem of procrastination.
  Encourage a group discussion about tasks that are currently delayed and reasons for them being delayed.
  In assistance to that it can be seen as useful to address procrastination by writing a daily schedule and planning the day.
  The Daily Schedule (Hand-out) provides assistance in this area.

- **Relaxation**
  Prior to the termination of the session and the relaxation exercise participants should be asked whether they want to make some final comments. Encourage questions and support participants when they raise any concerns. Close the session with a relaxation exercise (choice of participants) and focus on home work. Alternate nostril breathing can be offered at this stage.

- **Homework**
  Participants should be asked to practice thought stopping at home (2 - 3 times) per day about 2 minutes each time. They should be encouraged to use thought stopping on a stressful thought that they have identified as *not necessary* or that they have tried to stop. They should use a thought that they have rated as "Interferes a little" on their *Stressful Thoughts Inventory*. If this is not possible thought stopping should be initially practiced with the least stressful thought. Participants should also be asked to engage in one pleasant activity each day and use the daily planner to plan out their days. This can be done on the handout or in a diary, but they should be asked to adhere to the format given. Participants are also encouraged to continue relaxation training and are given a new *Relaxation Record Sheet*.

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The Stressful Thoughts Inventory (Hand-out)

Stressful Thought	A Rate from 1 to 5	B Rate from 1 to 4

List of Pleasant Events (Hand-out) Page 1

Instructions: Place a tick in the first column indicating which activities you would like to pursue over the next few days. Place a tick in the second column indicating which activities you would be prepared to pursue over the next few months.

	Next few Days	Next few months
Social Activities		
Being with someone you like	( )	( )
Writing a letter	( )	( )
Telephoning a friend	( )	( )
Visiting someone	( )	( )
Doing something for someone you like	( )	( )
Inviting a friend around	( )	( )
Having lunch in a café	( )	( )
Going out for a social drink	( )	( )
Going to a restaurant	( )	( )
Going to a dinner party	( )	( )
Giving a dinner party	( )	( )
Having a picnic or barbeque	( )	( )
Asking for a cuddle	( )	( )
Enjoying an intimate time some someone you care about	( )	( )
Joining a club related to your interests, politics or sport	( )	( )
Church activities	( )	( )
Dancing	( )	( )
Being with children	( )	( )
Playing cards or Trivial Pursuit	( )	( )
Creative Activities		
Art	( )	( )
Pottery	( )	( )
Photography	( )	( )
Drama	( )	( )
Writing Poetry and Prose	( )	( )
Playing a musical instrument	( )	( )
Singing	( )	( )
Cooking	( )	( )
Knitting	( )	( )
Sewing	( )	( )
Tapestry	( )	( )
Spinning, weaving	( )	( )
Flower arranging	( )	( )
Decorating a room	( )	( )
Rearranging your room	( )	( )
Restoring furniture	( )	( )

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List of "pleasant events" (Hand-out) Page 2

Creative Activities		
Making repairs	( )	( )
Woodwork	( )	( )
Making a model airplane or boat	( )	( )
Recreational Activities		
Going for a walk	( )	( )
Lazing in the sun	( )	( )
Sitting on the beach	( )	( )
Taking the dog for a walk	( )	( )
Having a spa or sauna	( )	( )
Meditation, yoga or tai-chi	( )	( )
Listening to music	( )	( )
Reading a magazine, book or newspaper	( )	( )
Going to hear a band	( )	( )
Going to the movies, theatre, opera or ballet	( )	( )
Watching a sports event	( )	( )
Jogging	( )	( )
Aerobics or gym work	( )	( )
Gardening	( )	( )
Caring for indoor plants	( )	( )
Chess, draughts, dominoes	( )	( )
Gathering shells, dried flowers	( )	( )
Collecting stamps, coins or wine	( )	( )
Have a game of golf	( )	( )
Playing tennis	( )	( )
Table tennis	( )	( )
Squash	( )	( )
Lawn bowls	( )	( )
Ten Pin Bowling	( )	( )
Cricket	( )	( )
Indoor Cricket	( )	( )
Horse riding	( )	( )
Volley ball	( )	( )
Swimming	( )	( )
Surfing	( )	( )
Windsurfing	( )	( )
Sailing	( )	( )
Water skiing	( )	( )
Snow Skiing	( )	( )
Scuba diving	( )	( )
Fishing	( )	( )
Trail bike riding	( )	( )
Archery	( )	( )

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List of "pleasant events" (Hand-out) Page 3

Recreational Activities		
Exploring	( )	( )
Bushwalking	( )	( )
Camping	( )	( )
Abseiling, rock climbing	( )	( )
Caving	( )	( )
Educational Activities		
Going to the library	( )	( )
Reading a book, play or poetry	( )	( )
Doing a course	( )	( )
Learning a foreign language	( )	( )
Going to the museum	( )	( )
Going to the zoo	( )	( )
Doing a crossword or puzzle	( )	( )
Nurturing Activities		
Wearing something that feels good	( )	( )
Buying something for yourself	( )	( )
Buying something for someone you care about	( )	( )
Relaxing in a warm bath	( )	( )
Facial/Nail treatment	( )	( )
Massage	( )	( )
Going to the hairdressers	( )	( )
Buying food you like	( )	( )
Walking barefoot on the beach	( )	( )

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Stress Busters (Hand-out)

Stress Buster (Activities)	Avoidable	Unavoidable	Change Required

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The Daily Schedule (Hand-out)

Time	Activity Planned	Activity Carried out	Emotion
06.00 - 07.00			
07.00 - 08.00			
08.00 - 09.00			
09.00 - 10.00			
10.00 - 11.00			
11.00 - 12.00			
12.00 - 13.00			
13.00 - 14.00			
14.00 - 15.00			
15.00 - 16.00			
16.00 - 17.00			
17.00 - 18.00			
18.00 - 19.00			
19.00 - 20.00			
20.00 - 21.00			
21.00 - 22.00			

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Relaxation Record Sheet (Hand-out)

Level of Relaxation

0 1 2 3 4 5 6 7 8
none extreme

Date	Exercise	Level of Relaxation	Level of Concentration
	1		
	2		
	1		
	2		
	1		
	2		
	1		
	2		
	1		
	2		
	1		
	2		
	1		
	2		
	1		
	2		
	1		
	2		
	1		
	2		
	1		
	2		

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Module 3

- **Group debrief**
  Review home tasks and encourage the client's to share their thoughts and feelings at the beginning of the new session. Facilitators should spend about 15 minutes on the debrief as well as the schedule for session 3.

- **Creating a Support Network**
  Having caring people one can lean on when necessary is important to everyone's well-being, but it is especially critical for people who struggle to keep their mood under control. A network of supporters can literally mean the difference between staying well or backsliding. This is why it is essential to put oneself in the centre and develop a support plan and stick to it.
  At minimum one should have five good friends or supporters one can call on when one need them; these are people who can count on each other as well. Participants should not be worried if they don't have five such people in their life now. They can build their network gradually using strategies that we will discuss. They will learn how to identify good candidates for their support network, establish relationships with them, and maintain relationships over time.
  Ask the participants to write down the supporters that they can identify now. Include family members, friends, and health care professionals. Who are they?

  What supporters do for each other?
  Caring, supportive friends listen to each other and let the other express feelings freely without judging or criticizing. Few people are used to listening to another without making some comment of their own. Most feel they need to respond to what the other person says by agreeing or disagreeing, or telling what one should do. This does not help.
  It is important to point out to supporters that one just wants them to listen, unless one specifically asks for advice and feedback. One can make this clear each time. For instance, one might say: "Today I just need you to listen to me while I express my feelings and figure out this situation for myself." Another time one might say, "I'd like some feedback and advice." Being clear is the best way to get what one needs and wants.
  These relationships need to be reciprocal. One must be willing to spend time and just listen, without judging or criticizing one's supporters.

  How to find people for the support network?
  Support groups for people with depression are wonderful places to make new, understanding friends. So are groups for people who are working to overcome

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addictions or who are dealing with issues such as weight, sexuality, and parenting.
Such groups counter the social isolation so many people experience. They provide an opportunity to be with people who are grappling with similar health concerns and the comfort of knowing that one is not alone. Because of what people have in common, communication tends to be easier in such groups. When things seem particularly bleak, group members who have issues similar to the one's of participants and who are doing well can offer hope. Such people are likely to be far more understanding about the participant's mood swings than people who don't know much about depression.
Hand out the *Support Work Sheet* and encourage clients to complete it until next session.

How to Approach Potential Supporters
When you meet people you enjoy, invite them out for tea or lunch or to share an activity. Be sure to set a date for your next get-together before you part company. Take the time to get to know them slowly and consider whether they're someone you want on your support team. When you feel you have identified individuals who meet *all* of your criteria for a supporter:

- Ask them if they are willing to be your supporter. Explain to them exactly what you want and need from them.
- Tell them that you will be their supporter too, and provide the same for them. Make it clear that you are not looking for a one-way relationship.
- Explain that you have several supporters, which means that it is not necessary for them to be available at all times. Tell them that if they are unavailable to you when you call, they should tell you, so you can contact another person on your list. Work responsibilities, family responsibilities, illness, or previously made plans such as a vacation can render someone temporarily unavailable. If a person says they are unavailable, you must respect that and find another person to meet your needs. This keeps your supporters from getting "Burned-out" and keeps you from interfering with their lives.

How to Keep Supporters
Please refer to the *How to Keep Supporters* (hand-out) and discuss the content with the participants as well.
In the remaining time gather ideas from the participants and write them on the whiteboard about what steps they could do over the next week. Gather ideas about possible groups that they could attend and classes that they might choose to take.

- **Sources of external stressors – (white-board group examples)**

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Many participants believe that their mood swings have started as a result of a particular life circumstance, stress or experience. They reported high stress or increased levels of stress in general as triggering or exacerbating mood swings. The way you live your life, take care of your self, and feel about yourself affects mood instability and depression. These factors may be the whole problem, or may simply make matters worse. All the effort you direct towards alleviating stress in your life, making positive changes in your lifestyle, and changing your negative thought patterns to positive ones will enhance your overall well-being and help stabilize your mood.
In the following exercise you will be asked to identify circumstances, events or problems that apply to your present situation or personal history.
(This list is provided to assist the facilitator only)

- marital problem
- alcoholism in the family
- child abuse
- death of a loved one
- job stress
- loss of custody of a child
- health problems of family members
- lack of emotional support from parents
- financial problems
- divorce
- sexual abuse
- separation from loved ones
- overwork
- job termination
- post partum depression
- neglect during childhood
- working with toxic chemicals
- excess responsibility
- inappropriate living space

After collecting all the external stressors on the board ask the participants to identify a couple that cause the most distress or that are easy to change. Provide them with a *Problematic Situation (Hand-out)* and work through at least one or two examples.
Work through one of the example's given on the whiteboard together with all participants. If there is still time encourage them to choose one of their own examples and work through it in the session. Provide assistance if necessary.

- **Sources of internal stressors – (white-board group examples)**

In the following exercise you will be asked to feelings, problems that apply to your present situation or personal history and in theory can be influenced by yourself.
(This list is provided to assist the facilitator only)

- lack of assertiveness
- substance abuse
- lack of exercise
- smoking
- control issues
- low self-esteem
- perfectionism
- physical disfigurement
- eating disorder
- co-dependency issues
- poor career or lifestyle choices
- severe exhaustion

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- sexual anxiety
- self-neglect
- obesity
- poor social skills
- poor diet
- lack of self-confidence

After collecting all the internal stressors on the board ask the participants to identify a couple that cause the most distress or that are easy to change. Provide them with a *Problematic Situation (Hand-out)* and work through at least one or two examples.
Work through one of the example's given on the whiteboard together with all participants. If there is still time encourage them to choose one of their own examples and work through it in the session. Provide assistance if necessary.

- **Negative and positive coping styles in Depression**
  When people get depressed the way they cope with problems or events changes. It appears as if activities are avoided because they are too strenuous. Contact with others is avoided because it feels as if there is not enough energy left to deal with others. However the experience of depression varies from person to person. People that are depressed often internalize blame and externalize any achievements.
  It is important to brainstorm with the participants and collect sets of positive and negative coping styles on the board and encourage them to try some of the positive coping styles (no binge eating, withdrawal, anger outbursts etc.)

- **Relaxation**
  Prior to the termination of the session and the relaxation exercise participants should be asked whether they want to make some final comments. Encourage questions and support participants when they raise any concerns. Close the session with a relaxation exercise (choice of participants) and focus on home work.
  the positive coping styles (no binge eating, withdrawal, anger outbursts etc.)

- **Homework**
  Participants are asked to fill out the Support Work Sheet at home. They are asked to use one or two of the strategies for internal or external stressors that they have identified in the *Problematic Situation* handout. They are also asked to continue their relaxation training.

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Support Work Sheet (Hand-out) Page 1

Do you belong to a support group? How has it been useful to you? Have you met people at the support group who are now your supporters?

_____

_____

_____

□ *I am going to locate and join a support group. Here's how I plan to locate a group:*

_____

_____

_____

Here are some other ways to make new friends:

Volunteer. There are many agencies (i.e. Club House) that could use your help. Inquire at churches, school, hospitals, you agencies, soup kitchens, the Red Cross, and so on. Many communities have volunteer referral organizations, which are a good resource when you are looking for just the right place to volunteer. Volunteering provides you with the opportunity to meet others with similar interest while you are doing something you enjoy. Regular contact encourages the development of supportive relationships.

Are you a volunteer? How has volunteering been useful for you? Have you met fellow volunteers who are now your supporters?

_____

_____

_____

□ *I am going to locate a volunteer position by doing the following:*

_____

_____

_____

Join community activities and special interest groups. Many communities offer a broad range of activities and special interest and action groups. These activities not only bring new supporters, but they also enrich your life. Use the local newspaper to find these groups. Make a note of those activities and events that interest you. Then follow through and attend. Make it your goal to attend one or several community activities on a regular basis. When you see the same person several times, start a conversation. Again, if a person seems interesting pursue the friendship.

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Support Work Sheet (Hand-out) Page 2

Do you already go to community activities and events that interest you? How have these events been useful? Have you met people who are now your supporters?

_____

_____

_____

□ *I am going to start attending community events on a regular basis. I am going to locate such events in my areas of interest by doing the following:*

_____

_____

_____

Take a class. Is there something you'd like to learn? Take a class in a foreign language, in computer science, bird watching, knitting, wood carving, literature, pottery, or whatever interest you. Many such classes are inexpensive. Scholarship aid and subsidy via Centrelink may be available. The classes are an excellent place to meet people who share your interests. Check your newspaper for offerings and times.

Do you already take classes that interest you?

□ *I am going to start attending a class. I am going to locate classes in my areas of interest by doing the following:*

_____

_____

_____

How to Approach Potential Supporters

□ *I feel uncomfortable asking someone to be my supporter. I am going to practice role playing with:*

_____

_____

_____

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How to Keep Supporters (Hand-out)

Spending quality time with your supporters on a regular basis is important. But that is not all there is to maintaining these relationships. You must be considerate to each other. Here are some issues to address:

Neediness. During severe depression, people can become very needy and draining. During these periods, don't depend on only one or two people, or ask for help without giving support in kind. If you do, the person you lean on heavily may quickly tire and quietly or sometimes loudly disappear.

Mood instability. Because of your history of mood instability, the people closest to you may feel that they never know what to expect from you. In the past, you may have been so down that they felt dragged down too. You can minimize the discomfort by educating your supporters about depression. You also need to do everything you can to keep your moods as stable as possible, using the strategies you will learn as part from this program. This is a gift to you and your supporters.

Inappropriate Behaviour. Inappropriate behavior can embarrass others, turn them off and quickly sour your friendship. People who have had up and down moods all of their lives may have never learned socially acceptable ways to relate. Inappropriate behaviour include:

-Talking incessantly without giving anyone lese a chance to talk.
-Not paying attention when others are talking.
-Being very demanding.
-Not being sensitive to the needs of others.
-being inappropriately loud and boisterous in public places.
-being inappropriately affectionate.
-Interrupting when others are talking.
-Excessive borrowing from people.
-Not keeping up personal hygiene.

Ask health care professionals and others you respect and trust if you have any social habits or behaviours that others find offensive. Listen to what they have to say without getting angry or defensive. Ask others to verify these opinions. Then work with your allied health professional and friends to get rid of such habits.

Do you have any inappropriate social skills? What are they?

_____

_____

_____

□ *I am going to work with _____ to change these habits to more appropriate ones.*

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Support Team Members (Hand-out)

Support Team Members	Phone numbers
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

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Problematic Situation (Hand-out)

The effect of this situation on your life and the way you feel:

Strategies that might help:

Plans for implementing these strategies:

How these strategies have worked:

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Module 4

- **Group debrief**
  Review home tasks and encourage the client's to share their thoughts and feelings at the beginning of the new session. Facilitators should spend about 15-20 minutes on the debrief as well as the schedule for session 4.

- **Exploration of thinking patterns in Depression**
  When people are depressed they will often tell themselves over and over again how worthless they are, how bad they look, and that everything is hopeless. People are often plagued with unrealistic fears for their own safety and well-being, as well as that of family and, sometimes, the whole world. People who experience depression are often plagued by obsessive, largely irrational thinking with repetitive and intrusive thoughts that are unrealistic, unproductive, and often anxiety producing. Much of what people feel is caused by what they tell themselves, how they think, the ways in which they interpret situations, and their personal point of view. Many people when they are young, develop the habit of filling themselves with negative thoughts about themselves and the circumstances of their lives. In effect, people program themselves and their lives to be in a particular way. Negative programming can be reinforced by one's family situations and by societal expectations.

- **Core beliefs**
  From our early experiences we develop beliefs about the way the world is. We learn these basic beliefs at an early age and evaluate each new experience in the light of what we believe about the world. For example, if we grew up without the security of a family, and were brought up by people who didn't really care about us, then one of the core beliefs might be that the world is not a very safe place, or that showing emotion is only for weak people because if you show emotion people can take advantage of you and hurt you.
  Please refer to the worksheet of common core beliefs. It is important to work through a few of these examples together with participants.

  Typical questions that you could ask participants for challenging Core Beliefs and Automatic thoughts are:
  What is evidence?
  What is evidence that supports that idea?
  What is evidence against the idea?

  The following questions are more suitable to challenge automatic thoughts:
  Is there an alternative explanation?

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What is the worst that could happen?
What is the most realistic outcome?
What is the effect of having this thinking?
What should I do about it?
What would you tell ___ id she/he is in the same situation?

- **Identifying the "A,B,C's"**
  Introduce the concept of Antecedents, Beliefs/Behaviours and Consequences and explain the linkages between them. Introduce an automatic thought record and the concept of rationalization of thoughts. *(Automatic Thought Record (Hand-out)*

- **Examples of the "A,B,C's" in Depression**
  Ask participants to come up with an example and work through the example on the white-board. Ask participants to keep an automatic thought record for the next week.

- **Challenging negative thinking through Cognitive Restructuring**
  On examination, negative thinking can often be identified as distorted thinking. When you become aware of the distortions in your thinking, you will be able to actually change negative thoughts to positive ones, effectively eliminating the depression and anxiety that these thoughts create. Distorted thoughts can be easily identified because they 1) cause painful emotions, such as worry, depression, or anxiety, and / or 2) cause you to have ongoing conflicts with other people. Fifteen distorted thinking styles are examined in *Thoughts and Feelings* by Matthew Mckay, Martha Davis and Patrick Fanning. As you read through the definitions and some of the examples with your participants in the *Distorted Thinking Style (Handout)* explore the distortions with them by using your CBT skills. The above questions should only act as a guide to assist you.

- **Use of affirmations/positive coping statements**
  People with a history of mood instability often develop negative perceptions of themselves. Unfortunately, engaging in negative self-talk can stimulate the onset of depression, creating a vicious circle. The negative thoughts worsen the mood instability, which then causes more negative thoughts. These negative thoughts and the resulting low self-esteem can be positively addressed by emphasizing changing negative self-talk into positive self-talk.

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Example:

A woman who has been well for seven years uses the following affirmations, especially on days when she's feeling low, worn out, or worrying a lot. She uses these while walking or driving in her car:

- I am a good person
- I am intelligent
- I enjoy my new life
- I must continue to go forth
- I am worth loving
- I am confident
- There is hope in faith and strength.

Encourage the participants to find positive self-talk for the following negative statements:

Negative Self-Talk	Positive Self-Talk
I can't control any of my Depressed feelings.	I control my depressed feelings.
I am stupid	I am smart.
I'm not OK.	I am OK.
I've had it. I'm going to give up.	I'm going to stay in the program.
This situation is going to last Forever.	This situation will improve.
I can't handle it.	I can handle it.
I am incompetent.	I am competent.
I am a bad person.	I am a good person.
I can't do anything.	I can do anything I want to do.
I am weak and ineffective.	I am a strong and powerful person.
My personality stinks.	I have a fantastic personality.

Explore negative self-talk that is used by the participants and encourage them to formulate positive self-talk.

Ask them to pick a couple of positive self-talk statements everyday and rehearse them for 3 x 3-4 minutes each day.

- **Relaxation**

Prior to the termination of the session and the relaxation exercise participants should be asked whether they want to make some final comments. Encourage questions and support participants when they raise any concerns. Close the session with a relaxation exercise (choice of participants) and focus on home work.

- **Homework**
  Clients are asked to complete their Common Core Beliefs handout, the Automatic Thought Record as well as the Distorted Thinking handout. The Distorted Thinking handout homework could also be divided over the following two weeks. If this is done is has to be incorporated in the group debrief for both weeks. This decision is at the discretion of the facilitator and dependent on the level of functioning of the individuals that participate in the group.

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SOME COMMON CORE BELIEFS (Hand-out) Page 1

From our early experiences we develop beliefs about the way the world is. We learn these basic beliefs at an early age and evaluate each new experience in the light of what we believe about the world. For example, if we grew up without the security of a family, and were brought up by people who didn't really care about us, then one of the core beliefs might be that the world is not a very safe place, or that showing emotion is only for weak people because if you show emotion people can take advantage of you and hurt you.

Below you will find some common core beliefs listed. Please provide an example to support this statement and then a statement, which challenges the belief. In the space provided in "My Core Beliefs" you will need to practice identifying your core beliefs, providing a reason for your belief, and then challenging the validity (i.e. how true) each belief is. Be prepared to discuss your core beliefs.

1. **The world is basically a bad place where bad things will happen to you if you're not careful.**

Evidence for belief:

_____

_____

Evidence against the belief:

_____

_____

2. **People will use you if you do not use them first.**

Evidence for belief:

_____

_____

Evidence against the belief:

_____

_____

SOME COMMON CORE BELIEFS (Hand-out) Page 2

3. **When I get angry I always get my own way.**
Evidence for belief:

Evidence against the belief:

4. **It's okay to be violent against my partner.**
Evidence for belief:

Evidence against the belief:

5. **The only person that you can trust is yourself.**
Evidence for belief:

Evidence against the belief:

6. **You have to take what you need in life.**
Evidence for belief:

Evidence against the belief:

SOME COMMON CORE BELIEFS (Hand-out) Page 3

7. **The world is basically a bad place where bad things will happen to you if you're not careful.**

Evidence for belief:

Evidence against the belief:

8. **People will use you if you do not use them first.**

Evidence for belief:

Evidence against the belief:

9. **Don't ever take shit from anyone.**

Evidence for belief:

Evidence against the belief:

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SOME COMMON CORE BELIEFS (Hand-out) Page 4

1. _____

Evidence for belief:

_____

_____

Evidence against the belief:

_____

_____

2. _____

Evidence for belief:

_____

_____

Evidence against the belief:

_____

_____

Automatic Thought Record (Hand-out)

Date	Situation	Emotions Rate strength 0-100	Negative Thoughts rate belief 0-100	Rational Response rate belief 0-100	Emotions rate strength 0-100

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Page 51

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Instructions for Thought Diary (Hand-out)

Situation: Give details of either the actual event or the daydream/stream of thoughts that lead to the experience of unpleasant emotions.

Emotion: Specify the type of emotions experienced. For example, it may be sadness, anxiety or anger, etc.
Rate the strength of the emotion as experienced. (0= very weak thought 100= very strong)

Negative Thought: Identify the automatic negative thought associated with the emotional reaction. Rate your belief in that thought. (0= do not believe at all, through to 100 = completely believe it).

Rational Response: Think of a rational alternative to the automatic thought. Rate your belief in this rational process. (0= do not believe at all, through to 100 = completely believe it).

Emotion: Specify your emotion and rate its strength (0-100) following consideration of the rational response.

Example:
Situation: waking up.
Emotion: Despair (80).
Negative Thought: This is going to go on forever. I wish I were dead (40).
Rational Response: I recognise this early morning feeling. It will go on for the next hour at most (80).
Emotion: Anxiety (50).

Distorted Thinking Style (Hand-out) Page 1

Filtering entails looking at only one part of a situation to the exclusion of everything else.
Example. "Thanksgiving is going to be a disaster. I get along so horribly with my mother."
Distorted Perception. "My enjoyment of the Thanksgiving holiday depends exclusively on how I get along with my mother".
Rational Comeback. " Even though I often fight with my mother or feel hurt by her, I have a great relationship with my father and sister, brother-in-law, and nephew. They're going to be there, too, and there's a good chance that I'll have a decent time.

Think of an example when you filtered your thoughts:

Identify the distorted perception in your example:

How did you feel when you filter your thoughts in this way:

When you filter your thoughts does it ever cause conflict between yourself and others? Describe examples of this:

Write a rational comeback to replace your distorted perception:

Polarized Thinking involves perceiving everything at the extremes, as either black or white, with nothing in between. You can understand how polarized thinking is a particular pitfall for people who have mood swings. Things are all great, or all horrible: there's no middle ground.
Example. "I had trouble scraping together the money for the rent this month. I'm a horrible spouse, and a failure as a provider."
Distorted Perception. "My financial performance this month defines my worth as a spouse and a provider."

Distorted Thinking Style (Hand-out) Page 2

Rational Comeback. "I had a bad month, without a lot of work. Sometime I have much better months. My wife says that she loves me and that I'm a good husband, no matter what kind of month I've had. The economy is bad now, and we're both working hard to make ends meet."

Think of an example when you used polarized thinking:

Identify the distorted perception in your example:

How did you feel when you polarized your thoughts in this way:

When you have used polarized thinking has it ever caused conflict between yourself and others? Describe examples of this:

Write a rational comeback to replace your distorted perception:

Overgeneralization is when you reach a broad, generalized conclusion based on just one piece of evidence.
Example. "My friend rejected me, therefore nobody will ever love me".
Distorted Perception. " This one rejection is the sole determinant of whether or not I'll be loved by other people in the future."
Rational Comeback. "Just because this one friend rejected me, it doesn't mean that no one will ever love me again. It just means that the one person rejected me. Many people do like me, and I continue to make new friends.

Think of an example when you used overgeneralization in your thinking:

Identify the distorted perception in your example:

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Distorted Thinking Style (Hand-out) Page 3

How did you feel when you overgeneralized:

When you have used overgeneralization has it ever caused conflict between yourself and others? Describe examples of this:

Write a rational comeback to replace your distorted perception:

Mind Reading is just what it sounds like: you base assumption and conclusions on your "ability" to know other people's thoughts.
Example. "He looked at his watch while I was in the middle of my presentation. He was afraid that I was boring everyone."
Distorted Perception. "I know what he was thinking about when he looked at his watch."
Rational Comeback. "Only he knows what he was thinking about when he looked at his watch (if it was even a conscious gesture). It more than likely has no reference to me or my presentation. I was one who was worried about boring people."

Think of an example when you used mind reading:

Identify the distorted perception in your example:

How did you feel when you assumed that you could read people's minds:

When you 've fallen prey to mind reading has it ever caused conflict between yourself and others? Describe examples of this:

Write a rational comeback to replace your distorted perception:

Distorted Thinking Style (Hand-out) Page 4

Catastrophizing as the word suggests is turning everything into a catastrophe, always expecting the worst-case scenario.
Example. "My son has a cold that's probably going to turn into pneumonia - my God, he's going to die."
Distorted Perception. "Colds always lead to pneumonia and, ultimately, death".
Rational Comeback. "My son is strong and healthy, and uses good judgement. If his cold gets any worse, he'll see a doctor. He'll get antibiotics if he needs them. In this day and age, young healthy people just don't die from colds or pneumonia.

Can you think of an example when you used catastrophic thinking on your part?

Identify the distorted perception in your example:

How did you feel to think this way?

When you 've used catastrophic thinking, has it ever caused conflict between yourself and others? Describe examples of this:

Write a rational comeback to replace your distorted perception:

Personalization is interpreting everything around you in ways that reflect on you and , often your self-worth. Personalization is a double-edged sword, in that sometimes it makes you feel great - as when everyone you deal with in the course of a day is kind and cheerful, and you take this as a sign of your winning personality and charm. But the grumpy person you encounter, who isn't won over by your brightest smile, can convince that you've lost your looks, your personality has gone flat, and you've just been fooling yourself all these years.
Example. "If I'd done a better job as a mother, my daughter wouldn't be depressed."
Distorted Perception. "I should be able to control my daughter's happiness or unhappiness."

Distorted Thinking Style (Hand-out) Page 5

Rational Comeback. "No one - not even a parent - can determine whether another individual is happy or unhappy. My daughter's depression is determined by many factors, and unfortunately most of these are beyond my control.

Can you think of an example when you used personalization?

Identify the distorted perception in your example:

How did you feel to when you have used personalization?

When you 've used personalization, has it ever caused conflict between yourself and others? Describe examples of this:

Write a rational comeback to replace your distorted perception:

Control Fallacies entails feeling either that the events in your life are totally controlled by a force outside of yourself or that you are responsible for everything.
Example. "What's the use of looking for work in my field? Everyone who's any good already has a job."
Distorted Perception. "No one who's competent ever has to look for a job; the work just magically appears."
Rational Comeback. "I've got to play an active role in getting work - even geniuses have to pound the pavement sometimes and knock on doors. People aren't necessarily thinking about me (and passing over) when they hand out jobs to other freelancers. I've got to remind all my contacts in the field that I'm available."

Can you think of an example when you used control fallacies?

Distorted Thinking Style (Hand-out) Page 6

Identify the distorted perception in your example:

How have you felt when you've used this fallacy?

When you 've used control fallacies, has it ever caused conflict between yourself and others? Describe examples of this:

Write a rational comeback to replace your distorted perception:

Fallacy of Fairness means that you fall into the trap of judging people's actions by rules that you have concocted about what is and what isn't fair. The trouble is that in personal interactions at least, everyone has different ideas about fairness, so you're bound to wind up feeling hurt, slighted or wronged.
Example. "If my husband really cared about my wellness, he'd take on more responsibility with the house and kids."
Distorted Perception. "How much my husband cares about my wellness is defined by the amount of housework he takes on.
Rational Comeback. "My husband does a lot of other things that show how much he cares about my wellness: he's ver attentive and tender towards me, he reads to me in bed, he does all the yardwork, takes care of the dogs, and works very hard at his job (which pays my doctor's bills). I can talk to him about feeling overburdened by the housework and all the demands the kids make on me. If we work together, we might find some solutions.

Can you think of an example when you used the fallacy of fairness?

Identify the distorted perception in your example:

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Distorted Thinking Style (Hand-out) Page 7

How did you feel to when you have used the fallacy of fairness?

When you 've used personalization, has it ever caused conflict between yourself and others? Describe examples of this:

Write a rational comeback to replace your distorted perception:

Emotional Reasoning is a mistaken belief that everything you feel must be true.
Example. "I feel stupid, therefore I must be stupid."
Distorted Perception. "My subjective feelings always reflect reality."
Rational Comeback. "My opinion about myself change all the time, often depending on my mood. No one is *just* smart or *just* stupid. I probably make poor choices or use poor judgement sometimes, but that's just part of being human. Most people would probably say that I'm pretty intelligent."

Can you think of an example when you used emotional reasoning?

Identify the distorted perception in your example:

How did you feel to when you have used emotional reasoning?

When you 've used emotional reasoning, has it ever caused conflict between yourself and others? Describe examples of this:

Write a rational comeback to replace your distorted perception:

Distorted Thinking Style (Hand-out) Page 8

Fallacy of Change is the assumption that other people will change to suit you if you pressure them enough. The illusion is that your happiness depends on bringing about these changes. Co-dependent behaviour, which you may have read about in other contexts, relies heavily on this fallacy.
Example. "If my father would only start going to A.A. meetings, we could make another attempt at having a decent relationship."
Distorted Perception. "The quality of my relationship with my father depends on whether or not he goes to A.A. meetings."
Rational Comeback. "I have no control over whether or not Dad goes to A.A. meetings. The only part of our relationship that I can control has to do with my own thoughts, feelings and actions, To the extent that I can change these, I can change our relationship.

Can you think of an example when you used the fallacy of change?

Identify the distorted perception in your example:

How did you feel to when you have used fallacy of change?

When you 've used fallacy of change, has it ever caused conflict between yourself and others? Describe examples of this:

Write a rational comeback to replace your distorted perception:

Global Labeling is making a broad judgement based on very little evidence.
Example. "One of the mangos I bought at that store turned out to be rotten, therefore the store has rotten produce and I'm never going back there."
Distorted Perception. "It's accurate to judge the quality of this store's merchandise on the basis of one piece of fruit."

Distorted Thinking Style (Hand-out) Page 9

Rational Comeback." Just because I got one bad mango does not mean that the store as w hole is no good. It just means that they had some rotten mangoes. (If I go back and tell them, maybe they'll give me a refund - or a better mango!)".

Can you think of an example when you used global labeling?

Identify the distorted perception in your example:

How did you feel to when you have used global labeling?

When you 've used global labeling, has it ever caused conflict between yourself and others? Describe examples of this:

Write a rational comeback to replace your distorted perception:

Blaming is a very common distortion and is just what it sounds like: bad things that happen are someone's fault, either yours or someone else's.
Example. "I'm depressed because my family of origin was completely dysfunctional."
Distorted Perception. "Dysfunctional families always cause people to suffer from depression when they grow up."
Rational Comeback. "It's true that I grew up in a dysfunctional family; but my depression has also involved a lot of other factors, including choices I've made and continue to make."

Can you think of an example when you used blaming?

Distorted Thinking Style (Hand-out) Page 10

Identify the distorted perception in your example:

How did you feel to when you have used blaming?

When you 've used blaming, has it ever caused conflict between yourself and others? Describe examples of this:

Write a rational comeback to replace your distorted perception:

Shoulds entails operating from a rigid set of indisputable rules about how everyone, including yourself, should act.
Example. "I should never feel jealous."
Distorted Perception. "My behavior should always conform to a rigid set of rules."
Rational Comeback. " I'm subject to as wide a range of emotions as any other human being. Jealousy is one of these emotions."

What are some of our shoulds, the rigid rules that you invoke in yourself and others?

How do you feel when you think in terms of shoulds?

When you use shoulds, does it ever cause conflict between yourself and others??

Write a rational comeback to each of the shoulds you listed above:

Module 5

- **Group Debrief**
  Review home tasks and encourage the client's to share their thoughts and feelings at the beginning of the new session. Facilitators should spend about 15-20 minutes on the debrief as well as the schedule for session 5.

- **Understanding and overcoming "avoidance" in Depression**
  When people get depressed and anxious they very often develop avoidance behaviours. These avoidance behaviours are often supported by cognitive distortions (justification for the individual for not engaging in certain activities).
  That means that when we are depressed we usually avoid the activities and things that are probably "good" for us.
  The most effective way to overcome avoidance and associated feelings of anxiety is simply to face it. Continuing to avoid situations that frighten you or make you at least very uncomfortable, more than anything else, is what keeps the "avoidance" alive.
  Having to face a particular situation you have been avoiding for a long time may at the outset seem an impossible talk. Yet this step can be made manageable by breaking it down into sufficiently small steps. Instead of entering a situation all at once, you can do it gradually in small steps.
  A well-constructed hierarchy allow you to approach a situation that you avoid gradually through a sequence of steps.
  Real life exposure is the single most effective available treatment for avoidance behaviours. For people who are depressed situation that are linked to social phobia are quite common.
  Ask the participants to think about situations that they currently avoid and ask them to write down a hierarchy of situations on the *Hierarchy* (Hand-Out). Ask them to write down the situation that is the worst at SUDS (100) and a situation that they feel really comfortable (neutral) as SUDS (0). Then work at SUDS 50 and fill in the rest.
  Ask the participants to pick a situation at a rating of up to 50 for exposure intervention. Then develop at least eight steps, which involve progressively more challenging exposures. The final step should be your goal or even a step beyond it.
  It might be useful for you to include a support person during your exposure.
  There are some important points that you be taken into consideration when doing exposure:
  1. Be willing to take risks.
  2. Deal with resistance.
  3. Be willing to tolerate some discomfort.

4. Avoid Flooding Be willing to retreat.
5. Plan for Contingencies.
6. Trust your own pace.
7. Reward Your self for Small successes
8. Learn to Cope with intense anxiety
9. Use coping statement when entering an avoidance situation
10. Practice regularly
11. Expect and Know how to handle setbacks

- **Some principles of loss and grief**

The experience of grief after loss is one common to human beings. The most intense grief usually follows the death of a loved one, perhaps because death is so final and we feel a great sense of loss.
Similar reactions occur in many different types of losses, e.g. breakdown of a relationship, loss of a pet, a job, lifestyle, a limb.
The intense feelings experienced after loss are a normal, healthy part of the healing process and will result eventually in learning to live with the loss. For some, however difficulties in working through the process may result in depression.
Please refer to the *Loss and Grief* (Hand-out) for further details.
It is important to elicit whether participants have experienced any recent losses or got stuck in an abnormal grief reaction. The purpose of this part of the module is to raise awareness that grief is a normal reaction and can be managed if it is extended.

What is normal grief?
The ways that we express grief are strongly influenced by social factors. In some culture people are expected and encouraged to show their grief, while in other cultures, after a relatively brief period of time, people may be expected to stop any display of emotion and 'get on with life'. This expectation can be especially strong for men. Some people hold the belief that crying and grieving openly are somehow bad for you. You may be said to be 'coping well' if you make little fuss, or said to be 'breaking down' and 'just not coping' if you continue to show emotion beyond a period others have set for you. In reality, the opposite may be true. The length of time taken to get over a loss will vary from person to person, however given the opportunity, most people will work through the loss and resume a productive and satisfying life.

- **Goal Setting**

Setting clear goals is a good way to get yourself moving and helps you to plan to reach your aim. Encourage participants to share their goal and ideas about how hey usually go about achieving them.
Introduce a *Goal Setting Sheet (Hand-out).*
Provide an example for participants and encourage them to work in pairs for 10 minutes through an example. Encourage them to share one of their goals as well as the steps in the process.

- **Time management**

In order to achieve our goals, effective time management is an important factor. A daily log of your time will help you to achieve this. It is best to do this in real time, rather than trying to estimate how much time you spend on various activities that fill your day. Most people tend to grossly underestimate how long it takes to do things and to overlook or forget the unplanned activities that pop up during the day. If you really want to learn something new about yourself, stop for an hour during your waking day to record how long it took you to do each activity that you were involved in during that day. At the very least get your notebook after lunch and dinner and before bed and write down every activity you engaged in. Note the amount of time each one took. When you are through, the total number of time for all activities should be fairly close to the total number of hours that you were awake.
Now that you know how you are actually spending your time, you are ready to compare the inventory you made with real priorities. From there you will be able to go on to decide what changes you want to make to bring your current schedule into closer alignment with your most important goals. The Sample Time Log (handout) as well as the list of questions should assist you on your way.

- **Relaxation**

Prior to the termination of the session and the relaxation exercise participants should be asked whether they want to make some final comments. Encourage questions and support participants when they raise any concerns. Close the session with a relaxation exercise (choice of participants) and focus on home work.
Suggest a new relaxation exercise, *A Special Place Imagery*
In creating your own special place you will be making a retreat for relaxation and guidance. This place may be indoors or out. In structuring your place, follow a few guidelines:

- Allow a private entry into your place
- Make it peaceful, comfortable and safe

- Fill your place with sensuous detail. Create a midground, a foreground, and a background.
- Allow room for an inner guide or other person to comfortably be with you.

A special place might be at the end of a path that leads to a pond. Grass is under your feet, the pond is about 30 yards away and mountains are in the distance. You can feel the coolness of the air in this shady spot. The mockingbird is singing everyone's song. The sun is bright on the pond. The honeysuckle's pungent odor attracts the bee buzzing over the flower with its sweet nectar.

Or your special place might be a sparkling clean kitchen, with cinnamon buns baking in the oven. Through the kitchen window you can see fields of yellow wheat. A window chime flutters in the breeze. At the table is a cup of tea for your guest.

To go to your safe place, lie down or sit comfortably in a chair. Close your eyes...Walk slowly to a quiet place in your mind...Your place can be inside or outside your worries...Notice the view in the distance...What do you smell?...What do you hear?...Notice what is before you...Reach out and touch it...How does it feel?...Smell it...Hear it...make the temperature comfortable...Be safe here...Look around for a special spot, a private spot...Find the path to this place...Feel the ground with your feet...Look above you...What do you see above you?...Hear?...Smell?... Walk down this path until you can enter your own quiet, comfortable, safe place.

You have arrived at your special place...What is under your feet?...How does it feel?...Take several steps...What do you see above you?...What do you hear?...Do you hear something else?...Reach and touch something...What is its texture?...Are there pens, paper, paints nearby, or is there sand to draw in , clay to work?...Go to them, handle them, smell them. These are your special tools, or tools for your inner guide to reveal ideas or feelings to you...Look as far as you can see...What do you see?...What do you hear?...What aromas do you notice?...

Now you need to find a place for your inner guide and a path from which your guide can enter.

Sit or lie in your special place...Notice it smells, sounds, sights...This is your place and nothing can harm you here...If danger is here, expel it...Spend three to five minutes realizing you are relaxed, safe and comfortable.

Memorize this place's smells, tastes, sights, sounds...You can come back and relax here whenever you want...Leave by the same path or entrance...Notice the ground, touch things near you...Look far away and appreciate the view...Remind yourself this special place you created can be entered whenever you wish. Say an affirmation such as, "I can relax here,' or "this is my special place. I can come here whenever I wish."

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In a little while I will slowly count back from 10 to 1 and the count of 5 I would like you to open your eyes and at the count of 1 I would like to be fully awake, alert, feeling refreshed and ready for the rest of the day....So 10...9...8...7...6...5 open your eyes...4...3...2...1... fully awake and alert and ready to go for the rest of the day and maybe needing a good stretch.

Hierarchy 1 (Hand-out)

Subjective Unit of Distress Scale (SUDS)

Situation	SUDS Date	SUDS Date	SUDS Date	SUDS Date

Hierarchy 2 (Hand-out)

Hierarchy for _____
(specify the avoidance behavior)

Instructions: Start with a behaviour that has a SUDS lower than 50. Develop at least eight steps, which involve progressively more challenging exposures. The final step should be your goal or even a step beyond what you've designated as your goal. Write down the date on which you complete each step as your work your way up the hierarchy.

Step	*Date completed*
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Loss and Grief (Hand-out)

Stages of grief. Researchers have identified various stages involved in coming to terms with loss.

The *immediate reaction* is usually one of numbness and disbelief; an inability to grasp that the loss has happened; and a 'state of shock'. The mind tries to protect us from the horror by denying reality. This phase may last for minutes or days, then *gives way to* intense emotions of distress: anger, confusion, sadness, guilt - sometime mixed with relief. Physical and psychological effects include crying, sighing, weakness, loss of appetite, nausea, agitation, sleeplessness, and poor concentration. These effects signify that the reality of the loss is starting to sink in. Dreams and memories of your loved one or the object that you have lost may flood in - there may even be times when you find your self acting as though the person was still there. Life may seem meaningless and unenjoyable. This period usually lasts from weeks to months and my recur for brief spells over the next year or two.
Taking care of physical health at this time is important since, during mourning, the body's defences against disease are stressed. Be careful to maintain a sensible diet, even though your appetite may be less. Try to keep up exercise, e.g. walking, swimming, yoga, or whatever you normally enjoy, as exercise will aid in both mental and physical fitness. Neglecting diet and exercise and cutting out other diverting activities from your life may make you tired and run down, may make it harder for you to cope, and may make you more prone to illness.
At times symptoms occur that may reflect the circumstances of the loss (e.g. chest pains after a love done has died of a heart attack). While these symptoms need to be checked out by your doctor, they may only be part of the intense grieving.

Returning to normal life. As the *acute pain begins to recede* with support and time, we learn to live with the loss; the loved one is eventually remembered with joy and it is possible to consider plans for the future.

The majority of people will benefit from having the opportunity to pass through each of these stages. However, the experience will be different for everybody. Or most people as essential part of this process will be the support of the family and friends allowing the feelings associated with the loss to be discussed. For most supporters faced with a barrage of strong emotions, it is difficult to know how to react and may will try to discourage the expression of these emotions. Especially distressing may be feelings of anger or guilt.

Anger may relate to the circumstances of the death, or to something your loved one did or said prior to death, or to feeling that you may have been deserted by your loved one. The chance to bring this anger into the open is important in lessening its intensity.

Guilt may also need airing. Talking about feelings of guilt may be an opportunity to say "sorry" for a real or imagined misdemeanor when there is no way to say sorry directly. Some individuals may also feel guilt for being alive when the loved one is not.
Whether or not anger or guilt are logical or reasonable is not important; rather it is the chance to express these feelings without inhibition that is so important

Goal Setting Sheet (Hand-out) Page 1

Setting clear goals is a good way to get your self moving and helps you to plan how to reach your aim.

What is your goal for the next months?

Before you can reach this goal, you will need to have reached some steps along the way.
Write down the steps.

Step 1 (Done)

Step 2 (Done)

Step 3 (Done)

Step 4 (Done)

How long will it take to reach the first step?

What is your goal for this week?

Now set yourself a goal for today. Think about how you will reach it. What difficulties might you have? How will you overcome them?

At the end of each day:

1. How far did you get today? Give yourself a pat on the back for your work.
2. If you did not reach your goal for today, perhaps it was a bit too high. What is your goal for tomorrow? Make it challenging, but possible.
3. Think about how you will reach your goal for tomorrow.

At the end of the week:

1. How far did you get this week? What reward will you give yourself
2. If you did not reach your goal for next week?
3. What is your goal for tomorrow? Think about how you will reach it.

If you need to lower your goal, it does not mean that you have failed. You are just being realistic.

Goal Setting Sheet (Hand-out) Page 2

Goals seem to work best for us when

They are specific. We need to know when we have reached them.

They have immediate sub-goals. Long-term goals are fine, but we need to know what to aim for today.

They are achievable. High goals can help us do well, but it is frustrating if we can't reach them. We need to go *step-by step* to reach the target.

They talk about behaviour. Our immediate goals need to be things we are trying to do, nit things we are hoping to get. We can work on what we do - we can't always control what we get.

They are our won. If do not set the goal for ourselves, we won't go for it.

We keep track of our progress. If we don't check, we don't know whether we've reached our goal.

We reward ourselves for doing well. We need to notice when we are doing well, even if it is only a small step forward.

Sample Time Log (Hand-out) Page 1

Activity	Time
Waking through Lunch	
After lunch through dinner	
After dinner until sleep	

Sample Time Log (Hand-out) Page 2

1. Which of the activities on your daily log are in line with your values and goals?

Mark these activities with a star on your time log.

2. Which of the activities on your daily log are not in line with your goals and values?

Circle these activities. Look at the circled items on your list and write down how you would be willing to reschedule, reduce, or eliminate low priority activities in your day.

4. Are any of your goals being violated by any of the activities on your daily log?

Mark these items with an "X". Look at these items that you have marked with an X and write down how you would be willing to change your behavior so that it no longer violates your values.

5. Are some of your goals being neglected or ignore?

Write down how you would be willing to change your behaviour so that it would be consistent with the goals that you have been neglecting.

Module 6

- **Group Debrief**
  Review home tasks and encourage the client's to share their thoughts and feelings at the beginning of the new session. Facilitators should spend about 15 minutes on the debrief as well as the schedule for session 6.

- **Self motivation, nurturance and responsibility**
  Taking care of yourself is the foundation on which all other pathways to self-esteem and self motivation rest. Without a basic willingness and ability to care for, love, and nurture yourself, it is difficult to achieve a deep lasting experience of self-worth.
  Perhaps you had the good fortune to receive love, acceptance, and nurturing from your parents that could provide you with a solid foundation for self esteem and self motivation as an adult.
  It is important for you to take responsibility for yourself. We will talk about factors that influence your self-esteem in a later session. But many clients have found it very helpful to perform at least one or two items from the hand-out of *Self-Nurturing Activities* every day. It is really about anything that you might find pleasurable.

- **Assertiveness training – introduction**
  Ask the participants about their understanding of assertion. Use the white board to write down participant's comments about assertion.
  Assertiveness is an attitude and a way of acing in any situation whether you need to
  - Express your feelings
  - Ask for what you want, or
  - Say no to something you don't want.

  Becoming assertive involves self-awareness and knowing what you want. Behind this knowledge is the belief that you have the right to ask for what you want. You give yourself and your particular needs the same respect and dignity you'd give anyone else's. Acting assertively is a way of developing self-respect and self-worth. This part leads into the next topic in Module 6 covering the differences between communication styles.

- **Difference between aggressive, passive and assertive styles of communication**
  Alternative Behavior Styles
  Assertiveness is a way of acting that strikes a balance between two extremes: aggressiveness and submissiveness.

Nonassertive or *submissive* behavior involves yielding to someone else's preference while discounting your own rights and needs. You don't express your feelings or let other know what you want. The result is that they remain ignorant of your feelings or wants (and thus can't be blamed for not responding to them.) Submissive behavior also includes feeling guilty (or as if you are imposing) when you do attempt to ask for what you want. If you give others the message that you're *not sure* you have the right to express your needs, they will tend to discount them.

Aggressive behavior, on the other hand, may involve communicating in a demanding, abrasive, or even hostile way with others. Aggressive people typically are insensitive to others' rights and feelings and will attempt to obtain what they want through coercion or intimidation. Aggressiveness succeeds by sheer force, creating enemies and conflict along the way. It often puts others on the defensive, leading them to withdraw or fight back rather than cooperate. For example, an aggressive way of telling someone you want a particular assignment at work would be to say: "That assignment has my name written on it. If you so much as look at the boss when she brings it up during the staff meeting, you're going to regret it."

As an alternative of being openly aggressive, many people are *passive-aggressive*. If this is your style, instead of openly confronting an issue, you express angry, aggressive feelings in a convert fashion through passive resistance. You're angry at your boss, so you're perpetually late to work. You don't want to comply with your spouse's request, so you procrastinate or "forget" about the request altogether. Instead of asking for or doing something about what you really want, you perpetually complain or moan about what is lacking. Passive-aggressive people seldom get what they want because they never get the message across. Their behavior tends to leave other people angry, confused, and resentful. A passive-aggressive way of asking for a particular assignment at work might be to point out how inappropriate someone *else* is for the job, or to say to a co-worker, "if I got more interesting assignments, I might be able to get somewhere in this organization."

A final nonassertive behavior style is being *manipulative*. Manipulative people attempt to get what they want by making others feel sorry for or guilty toward the, Instead of taking responsibility for meeting their own needs, they play the role of victim or martyr in an effort to get others to take care of them. When this doesn't work, they may become openly angry or feign indifference. Manipulation only works as long as long as those at whom it is targeted fail to recognize what is happening. The person being manipulated

may feel confused or "crazy" up to this point; afterward they become very angry and resentful toward the manipulator. A manipulative way of asking for a particular assignment at work would be to tell your boss, "gee, if I get that assignment, I think my boyfriend will finally have some respect for me", or to tell a co-worker, "Don't breathe a word about this - but if I don't get that assignment, I'm going to finally use those sleeping pills I've been saving up.

Assertive behavior, in contrast to the above described styles, involves asking for what you want (or saying no) in a simple, direct fashion that does not negate, attack, or manipulate anyone else. You communicate your feelings and needs honestly and directly while maintaining respect and consideration for others. You stand up for yourself and your rights without apologizing or feeling guilty. In essence, assertiveness involves taking responsibility for getting your own needs met in a way that preserves the dignity of other people. You can feel comfortable when you're assertive because they know where you stand. They respect you for your honesty and forthrightness. Instead of demanding or commanding, an assertive statement makes a simple, direct request, such as, "I would really like that assignment," or "I hope the boss decides to give that particular assignment to me."

Look at the *What's Your Style* (Hand-out) to determine whether you need to work on your assertiveness skills.
After having identified each individual's primary communication style it is recommended to administer the *Assertiveness Questionnaire* (hand-out). This should be followed by a discussion about the areas in which participants need to develop more assertiveness. Identify how nonassertive behavior contribute to the specific item that participants checked on the list. Participants should initially focus on items that they rated as falling in the 2-3 range. These situations are likely to be the easiest to change. Items that participants rated as very uncomfortable or threatening can be handled later.

- **Understanding Human Rights**
  Basic human needs (as well as rights) conjures an association with shelter, clothing, food water, sleep, oxygen, and so on - in other words, what human beings require for their physical survival. It is not until the last few decades that higher-order *psychological needs* were identified. While not necessary for survival, meeting these needs and rehearsing human rights is essential to emotional well-being and a satisfying adjustment to life. The psychologist Abraham Maslow proposed five levels of human needs, with three levels beyond primary concerns for survival and security. He arranged these levels into a hierarchy, as follows:

Self-Actualization Needs (fulfillment of your potential life, wholeness)

Esteem Needs)self respect, mastery, a sense of accomplishment)

Belongingness and Love Needs (support and affection from others, intimacy a sense of belonging)

Safety Needs (shelter, stable environment)

Physiological Needs (food, water, sleep, oxygen)

In Maslow's scheme, taking care of higher-level needs is dependent on having satisfied lower-level needs. It is difficult to satisfy belongingness and esteem needs if you're starting. On a subtler level, it is difficult to fulfill your full potential if you're feeling isolated and alienated for lack of having met needs for love and belongingness.

Have a look at the list provided to you that covers your needs and ask yourself how many of these needs you are actually getting fulfilled at this time. In what areas do you come up short? What concrete steps can you take in the next few weeks and months to better satisfy those needs that are going unmet. The point is that learning to take care of your self involves being able to 1) *recognize* and 2) *meet* your basic needs as a human being. The *Needs* (Hand-out) may give you an idea on areas of your life that need more attention. Use the chart on page 2 of the *Needs* Hand-out to plan what you will actually do in the next month about five (or more) of your needs that could be better met.

As an adult human being we all have certain rights as well. Often, though, we have either forgotten them or else as children we were never taught to believe in them. Developing assertiveness involves recognizing that you, just as much as anyone else, have a right to all of the things listed under the *Personal Bill of Rights* on the hand-out. Using the *Personal Bill of Rights* is part of your assertiveness, but it also involves taking responsibility to *exercise* these right in situations where they are threatened or infringed upon.

- **Relaxation**
  Prior to the termination of the session and the relaxation exercise participants should be asked whether they want to make some final comments. Encourage questions and support participants when they raise any concerns.

Close the session with a relaxation exercise (choice of participants) and focus on home work.

- **Homework**
  Attention is drawn to the fact that self-nurturing activities are very similar to pleasant activities. However the concept of pleasant activities is not as daunting as self-nurturing activity (most individuals feel guilty about nurturing themselves) and is therefore included at this later stage. Participants should attempt 2 self nurturing activities during next week and attempt to be expose themselves to two situations that they have rated as mildly to moderately uncomfortable on *The Assertiveness Questionnaire*. They are asked to focus on one of their RIGHTS everyday by writing it on an A4 piece of paper and putting it on the fridge, place of work or another place where it can be seen easily.

Self Nurturing Activities (Hand-out) Page 1

1. Take a warm bath
2. Have a breakfast in bed
3. Take a sauna
4. Get a massage
5. Buy yourself a rose
6. Take a bubble bath
7. Go to a pet store and play with the animals
8. Walk on a scenic path in a park
9. Visit a zoo
10. Have a manicure or pedicure
11. Stop and smell flowers
12. Wake up early and watch the sunrise
13. Watch the sunset.
14. Relax with a good book and/or soothing music
15. Go rent a funny video
16. Play your favorite music and dance to it by yourself
17. Go to bed early
18. Sleep outside under the stars
19. Take a "mental health day off" from work
20. Fix a special dinner just for yourself and eat by candlelight
21. Go for a walk
22. Call a good friend - or several good friends
23. Go out to a fine restaurant just with yourself
24. Go to a beach
25. Take a scenic drive
26. Meditate
27. Buy new clothes
28. Browse in a nook or record store for as long as you want
29. Buy yourself a cuddly stuffed animal and play with it
30. Write yourself a love letter and mail it
31. Ask a special person to nurture you (feed, cuddle and/or read to you)
32. Buy yourself something special that you can afford
33. Go see a good film or show
34. Go to the park and feed the ducks, swing on the swings, and so on
35. Visit a museum or another interesting place
36. Give yourself more time than you need to accomplish whatever you're doing
37. Work on your favorite puzzle or puzzlebook
38. Got into a hot tub or Jacuzzi
39. Record an affirmation tape
40. Write out a real scenario concerning a goal, then visualize it

Self Nurturing Activities (Hand-out) Page 2

41. Read an inspirational book
42. Bake or cook something special
43. G window shopping
44. Buy a meditation tape
45. Listen to a positive motivational tape
46. Write a special diary about your accomplishments
47. Apply fragrant lotion all over your body
48. Masturbate
49. Exercise
50. Sit and hold your favorite stuffed animal

What's Your Style (Hand-out) Page 1

Think about each of the following situations one at a time. How would you typically handle it? Would your approach be nonassertive (in other words, you wouldn't do anything about it), aggressive, passive-aggressive, manipulative - or would you respond assertively? Note the style you'd use after each situation. If you have fewer than 25 out of 30 "assertive" responses, it would be useful for you to work on your assertiveness.

1. You're being kept on the phone by a salesperson who is trying to sell you something you don't want.
2. You would like to break off a relationship that is no longer working for you.
3. You're sitting in a movie and the people behind you are talking.
4. Your doctor keeps you waiting more than 20 minutes.
5. Your teenager has the stereo on too loud.
6. Your neighbour next door has the stereo on too loud.
7. You would like to return something to the store and get a refund.
8. You're standing in line and someone moved in front of you.
9. Your friend has owed you money for a long time - money you could use.
10. You receive a bill that seems unusually high for the service you received.
11. Your home repair person is demanding payment but has done unsatisfactory work.
12. You receive food at the restaurant that is over- or undercooked.
13. You would like to ask a major favor of your partner or spouse.
14. You would like to ask a major favor of your friend.
15. Your friend ask you a favor which you don't feel like doing.
16. Your son/daughter/spouse/roommate is not doing their fair share of the work around the house.
17. You would like to ask a question, but are concerned that someone else might think it's silly.
18. You're in a group and would like to speak up, but you don't know how your opinion will be received.
19. You would like to strike up a conversation at a gathering but you don't know anyone.
20. You're sitting/standing next to someone smoking, and the smoke is beginning to bother you.
21. You find your partner/spouse's behavior unacceptable
22. You find your friend's behavior unacceptable.
23. Your friend drops by unexpectedly just before you were about to leave to run some errands.
24. You're talking to someone about something important, but they don't seem to be listening.
25. Your friend stands you up for a lunch meeting.

What's Your Style (Hand-out) Page 2

26. You return an item you don't want to the department store and request a refund. The clerk diverts your request and offers to exchange the item to another.
27. You're speaking and someone interrupts you.
28. Your phone rings but you don't feel like getting it.
29. Your partner or spouse "talks down" to you as if you were a child.
30. You receive an unjust criticism from someone[1]

[1] The idea for this questionnaire was adapted from Shirley J Mangini, *Secrets of Self-Esteem*. Canoga Park, California: N.O.V.A. Corp., 1986.

The Assertiveness Questionnaire (Hand-out) Page 1

To further clarify those situations in which you could be more assertive, complete the following questionnaire, developed by Sharon and Gordon Bower in their book, *Asserting Yourself.* Check those items that apply in Column A, and then rate the comfort level of those situations for you in Column B.

1 = comfortable
2 = mildly uncomfortable
3 = moderately uncomfortable
4 = very uncomfortable
5 = unbearably threatening

(Note that the varying degrees of discomfort can be expressed whether your feelings are angry, fearful, or passive.)

A Check here if The item applies to you	B Rate from 1-5 for comfort level	**When** do you behave nonassertively?
_____	_____	Asking for help
_____	_____	Stating a difference of opinion
_____	_____	Hearing or expressing negative feelings
_____	_____	Hearing or expressing positive feelings
_____	_____	Dealing with someone who refuses to cooperate
_____	_____	Speaking up about something that annoys you
_____	_____	Talking when all eyes are "on you"
_____	_____	Protesting in regards to being "ripped-off"
_____	_____	Saying no
_____	_____	Responding to undeserved criticism
_____	_____	Making requests of authority figures
_____	_____	Negotiating for something you want
_____	_____	Having to take charge
_____	_____	Asking for cooperation
_____	_____	Proposing an idea
_____	_____	Asking questions
_____	_____	Dealing with attempts to make you feel guilty
_____	_____	Asking for service
_____	_____	Asking for a date or appointment
_____	_____	Asking for favors
_____	_____	Other_____

The Assertiveness Questionnaire (Hand-out) Page 2

		Who are people with whom you are nonassertive?
_____	_____	Parents
_____	_____	Fellow workers, classmates
_____	_____	Strangers
_____	_____	Old Friends
_____	_____	Spouse and significant other
_____	_____	Employer
_____	_____	Relatives
_____	_____	Children
_____	_____	Acquaintances
_____	_____	Salespeople, clerks, hired help
_____	_____	More than two or three people in a group
_____	_____	Other_____
		What do you want that you have been unable to achieve with nonassertive styles?
_____	_____	Approval for things you've done well
_____	_____	To get help with certain tasks
_____	_____	More attention from, or time with your partner
_____	_____	To be listened to and understood
_____	_____	To make boring or frustrating situations more satisfying
_____	_____	To not have to be nice all the time
_____	_____	Confidence in speaking up when something is important to you
_____	_____	Greater comfort with strangers, store clerks, mechanics, and so on
_____	_____	Confidence in asking for contact with people you find attractive
_____	_____	To get a new job, ask for interviews, raises, and so on
_____	_____	Comfort with people who supervise you, or work under you
_____	_____	To not feel angry and bitter a lot of the time
_____	_____	To overcome a feeling of helplessness and the sense that nothing ever really changes
_____	_____	To initiate satisfying sexual experiences
_____	_____	To do something totally different and novel
_____	_____	To have time by yourself
_____	_____	To do things that are fun or relaxing for you
_____	_____	Other_____

Needs (Hand-out) Page 1

1. Physical safety and security
2. Financial security
3. Friendship
4. The attention of others
5. Being listened to
6. Guidance
7. Respect
8. Validation
9. Expressing and sharing your feelings
10. Sense of belonging
11. Nurturing
12. Physically touching and being touched
13. Intimacy
14. Sexual expression
15. Loyalty and trust
16. A sense of accomplishment
17. A sense of progress toward goals
18. Feeling competent or masterful in some area
19. Making a contribution
20. Fun and play
21. Sense of freedom, independence
22. Creativity
23. Spiritual awareness
24. Unconditional love

Needs (Hand-out) Page 2

Need	What I am willing to do next month to better meet my need

Personal Bill of Rights (Hand-out)

1. I have the right to ask for what I want.
2. I have the right to say no to requests or demands I can't meet.
3. I have the right to express all of my feelings, positive or negative.
4. I have the right to change my mind.
5. I have the right to make mistakes and not have to be perfect.
6. I have the right to follow my own values and standards.
7. I have the right to say no to anything when I feel I am not ready, it is unsafe, or it violates my values.
8. I have the right to determine my own priorities.
9. I have the right *not* to be responsible for others' behavior, actions, feelings, or problems.
10. I have the right to expect honesty from others.
11. I have the right to be angry at someone I love.
12. I have the right to be uniquely myself.
13. I have the right to feel scared and say "I'm afraid".
14. I have the right to say "I don't know".
15. I have the right not to give excuses or reasons for my behaviour.
16. I have the right to make decisions based on my feelings.
17. I have the rights to my own needs for personal space and time.
18. I have the right to be playful and frivolous.
19. I have the right to be healthier than those around me.
20. I have the right to be in a nonabusive environment.
21. I have the right to make friends and to be comfortable around people.
22. I have the right to change and grow.
23. I have the right to have my needs and wants respected by others.
24. I have the right to be treated with dignity and respect.
25. I have the right to be happy.

Module 7

- **Group Debrief**
  Review home tasks and encourage the client's to share their thoughts and feelings at the beginning of the new session. Facilitators should spend about 15-20 minutes on the debrief as well as the schedule for session 7.

- **On-the-Spot Assertiveness**
  Many situations arise in the course of everyday life that challenge you to be assertive spontaneously. Someone smokes right next to you, making you uncomfortable. Someone blasts loud music while you're to go to sleep. Someone cuts in front of you in line. (many of the situations listed in the *What's Your Style* questionnaire that we discussed in the last session fall into this category).
  1. **Evaluate your rights.** Often you'll go through this step automatically, without the need to pause for reflection. The violation of your rights is obvious and perhaps flagrant. At other times you may need to pause and think about which of your rights is at stake.
  2. **Make your request.** This is a key step in on-the spot-assertiveness. In many cases your assertive response will consist *only* of this step. Someone interferes with your right and you simply ask them, in a straightforward manner, for what you want or don't want. As discussed previously, your statement can begin with such words as
     "I would like..."
     "I want..."
     "I would appreciate..."
     "Would you please..."

     Your statement needs to be
     - Firm
     - Simple and to the point
     - Without apology
     - Nonjudgemental, nonblaming
     - Always a request, not a demand

     If the person doesn't immediately cooperate or pretends not to notice, simply *repeat* your statement. Repeating your request in a monotonous fashion will work better in getting what you want than becoming angry or aggressive if the person you're dealing with is a stranger. Avoid monotonous repetition if you're dealing with family or close friends (with the exception for small children).

3. **State the problem in terms of its consequences.** This step is optional but can be helpful in on-the spot assertiveness. If you feel that the person you're addressing might be puzzled by your request, you might want to explain why his or her behavior has an adverse effect on you. The other person may gain empathy for your position in this way, leading to a greater chance of cooperation.

   For example
   "Everyone here, including myself, has been waiting in line" (as a preclude to, "Would you go to the back on the line, please?").

   "I am allergic to cigarette smoke" (as a prelude to, "Would you please smoke somewhere else?").

4. **Express your feelings.** If you're dealing with whom you don't wish to have any further relationship, it's usually O.K. to omit this step. The only occasion for using it with a stranger is if the person involved doesn't cooperate *after* you've made your assertive request (for example, "I've told you twice that I'm not interested in your product and you're still trying to sell it to me. I'm starting to feel really irritated") On the other hand, it's often a good idea to express your feelings when you need to be assertive on the spot with your spouse, child or close friend ("I'm really disappointed that you didn't call when you said you would", or "I'm feeling too tired to clean up the kitchen right now)".

5. **State the consequences of gaining (or not gaining) cooperation.** In situations with strangers, this step usually won't be necessary. On rare occasions, with someone resistant, you may choose to state negative consequences, although it will be difficult to keep this from coming across as a threat (for example, "If you continue smoking, I may have an asthma attack"). With family and friends a statement of positive consequences may be used to strengthen your request ("If you get in bed by 08:30, I'll read you a story").

The gist of being assertive on the spot is simply to *make your request* in as simple, specific, and straightforward a manner as possible. Whether you choose to mention your feelings or the consequences of the other person's ehavior will largely depend on the situation. Mention consequences when you want the other person to understand how strongly you feel about what they're doping (or not doing).
The *On-the-Spot Assertiveness Exercises* will assist you and your practice.

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- **Managing anger more effectively - strategies**

Anger is probably the most complex and confusing feeling we experience. In order to control the expression of anger, one must first understand it.
Control is NOT stopping or suppressing.
It will occur more frequently under stress and can also be seen as a reaction to fatigue, stressful events and circumstances.

Definition:

1. Anger is an emotional, affective, antagonistic response to a situation.
2. No situation or person per se, can "make" us angry: our anger is directly related to our perceptions of situations, person and events. (ABC's of perception).
3. Typically an individual will experience anger when they feel blocked, frustrated, abused or neglected.
4. Sometimes anger masks other feelings, e.g. fear.
5. Sometimes other emotions mask anger, e.g. sadness.
6. How we recognize, label and express our feelings, including anger is learned from our parents, peers and other role models.
7. Unhealthy ways of dealing with anger can be unlearned and healthy behaviors substituted.
8. Recognizing, labeling, and expressing anger in a healthy way is vital to our mental health.
9. In or of itself anger is a healthy emotion, which can give us strength and determination.
10. There is a biological basis to emotion, in general and anger in particular. Familiarity with the neurological factors, which impact the experience and expression of anger, is critical in understanding and addressing the pathological expression of anger.

Positive Aspects of Anger

Anger can give us strength and determination as it energizes our behavior in response to challenges or threats.
Anger tells us that there is conflict that needs to be resolved - it is a signal that there is a problem that requires out attention.
Anger can be a helpful way to express tension and communicate negative feelings to others.
Anger can be energy that compels us to act.

Negative Aspects of Anger

Anger interferes with our ability to think clearly and inclines us to act on impulse without good judgement. If you do something because you are angry, it is usually something that you later regret.

Anger is physically upsetting. It involves a strong physiological arousal that when it is prolonged or is too frequent that can lead to actions that harm others. Being upset is one thing. Hurting someone is a different matter.

Anger can be unproductive in solving complex problems: in fact, it can be your worst enemy. Anger often amounts to a self-imposed handicap.

Anger is the primary emotion in severe relational or familial dysfunction.

Anger control

Anger control when done effectively, does not mean bottling it up or keeping a tight lid on it.

Anger management will involve important things:

1. Learning how to not get angry in the first place
2. Keeping anger at moderate level of intensity and expressing it constructively.
3. Using effective problem-solving strategies to change problem situations.

A good step to start more appropriately managing your anger is to notice the *Physiological Cues to Anger (Hand-out).* This will probably enable you to manage your anger more appropriately by either using a cognitive approach, behavioral techniques (assertiveness, relaxation) or "time-out".

It is also important to become aware that the expression of anger is something that has been modeled to us by family members, peers etc. The *How We Learned Anger Questionnaire (Hand-out)* will assist you in doing so.

- **Introduction to conflict resolution - use of "I statements", "time out"**

Time-outs are another effective way to manage anger, If they are structured and executed properly[2] [3]. Directions to clients for managing anger through time-outs are provided in the *Timeout Guidelines (Hand-out).*

[2] McKay, Rogers and McKay, 1989. *When Anger Hurts : Quitting the Storm Within.* Oakland, California: New Harbinger Publications.

[3] Deschner, J.P., 1984. *The Hitting habit: Anger Control for Battering Couples.* New York: MacMillan.

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- **Relaxation**

Prior to the termination of the session and the relaxation exercise participants should be asked whether they want to make some final comments.

Encourage questions and support participants when they raise any concerns. Close the session with a relaxation exercise (choice of participants) and focus on home work.
The following is a suggestion for learning meditation as a form of relaxation.

1. Mantra Meditation

This is the most common form of meditation throughout the world. Before you begin, select a word or syllable that you like. It may be a word, which has meaning for you. Or it may be two nonsense syllables, the sound of which you find pleasant. Benson recommended using the word "one". Many meditators prefer the universal mantra, "OM."

A. Find your posture and center yourself. Take several deep breaths.

B. Chant your mantra silently to yourself. Say the word or syllables over and over within your mind. When your thought strays, note that, then bring your attention back to your mantra. If you notice any sensations in your body, not the feeling, then return to the repetition of your own special word. You needn't force it. Let your mantra find its own rhythm as you repeat it over and over again.

C. If you have the opportunity, you may want to try chanting your mantra aloud. Let the sound of y7our own voice fill you as you relax. Notice whether the sensations in your body are different from those you felt when you chanted silently. Which is more relaxing?

D. Remember that meditation is to be practiced with awareness. You may find that the repetition of a mantra, especially when repeated silently, can easily become mechanical. When this happens, you may have the sense that an inner voice is repeating your mantra while you are actually lost in thought or rapidly approaching sleep. Try to stay aware of each repetition of each syllable.

2. Breath Counting Meditation

This is perhaps the most relaxing form of meditation. Following the gentle ins and outs of the breath creates a sense of peace and restfulness.

A. Find your posture and center yourself. Take several deep breaths. Either close you eyes or fix them on a spot on the floor about four feet in front of you. Your eyes may or may not be focused.

B. Take deep but not forced belly breaths. As you do, focus your attention on each part of the breath: the inhale, the turn (the point at which you stop inhaling and start exhaling), the exhale, the pause (between the exhale and inhale), the turn (the point at which you start to inhale), the inhale, and so-on. Pay careful attention to the pause. What are the sensations in your body as you pause between breaths?

C. As you exhale, say "one." Continue counting each exhale by saying "two...three...four." Then begin again with "one." If you lose count, simply start over with "one."

D. When you discover that your mind has slipped into thought, note this, and then gently return to the counting of your breath.

E. If a particular sensation in your body catches your attention, focus on the sensation until it recedes. Then return your attention to the inhale and the exhale and the counting of your breath.

F. If you wish, try the following variation. Begin by counting your breath for several minutes. Then stop the actual counting and put your attention on the sensations of breathing. Focus on your abdomen as it expands and contracts. Can you sense how the size of the empty space in your abdomen grows and shrinks as your breath goes in and out of your belly? At first, you may have more thoughts when you practice this way then you had when you were counting breaths. The counting kept in your mind returning in a small circle of numbers, which left less room for rising thoughts. Do not be disturbed by this. Simply note each thought and then return your awareness to the sensations of your breath. Every now and then, you may come across a thought that you find enticing and want to contemplate. Tell yourself you will consider this thought when the meditation period is over and let it go. Sensations other than breathing may call your attention from time to time: a strain in your shoulder, or the pins and needles of your legs falling asleep. When this happens, let your attention focus on these new sensations until they fade into the background. Then go back to your breath. The sounds of the outside world will cross and recross the boundaries of your awareness. Note their passing and return to your breath.

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On-the-Spot Assertiveness Exercises (Hand-out) Page 1

The exercises below are designed to give you practice in responding assertively on the spot. The situations presented are common ones, which you may have encountered before in your life. The task is to fill in the blank with an assertive response. Alternatively, you may wish to role-play these situations with a friend. This will give you direct practice with both the verbal and nonverbal aspects of assertive communication. As you practice, remember stay calm.

1. You take your car to the garage for an oil change and receive a bill for that plus wheel alignment and new spark plugs. You say,

2. You arrange to take turns driving to work with a friend. Each day you drive she has an errand to run on the way home. When she drives, there are no steps made. You say,

3. When you entertain your co-workers, the conversation always turns to shop-talk. You are planning a party and prefer to avoid the usual topics. You say,

4. You are in the bank. The teller asks, "Who's next?" It's your turn. A woman who came in after you says, "I am." You say,

5. You're in a taxi and you suspect that the driver is taking you by a roundabout route. You say,

On-the-Spot Assertiveness Exercises (Hand-out) Page 2

6. You're in an airplane in the "No Smoking" section. The person next to you lights up a cigarette. You say,

7. You've frequently had adverse reactions to medications in the past. Your doctor gives you a prescription without telling you what side-effects to expect. You say,

8. You're buying some new clothes. The saleswoman is pressuring you into buying something that makes you look ten pounds heavier. You say,

9. You're playing miniature golf with your spouse. You're not doing very well but are having a good time. Your spouse is continually telling you how to do it "right". You say,

10. You've settled in for a quiet Sunday at home, the first in a long time. Your parents call and invite you over for the day. You don't want to go. You say,

11. You receive a notice informing you that your child has been placed in the classroom of a teacher whom you know to be notoriously incompetent. You call the principal and you say,

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On-the-Spot Assertiveness Exercises (Hand-out) Page 3

12. Someone rings your doorbell, wanting to convert you to their religion. You're not interested. You say,

13. A friend asks you to baby-sit for her but you have other plans for the day. You say,

14. You're feeling lonely and "left out". Your spouse is in the living room, reading. You say,

15. You've been rushing around all day. It's very hot and you don't have air conditioning. You prepare a salad for dinner because you don't want to turn the oven on. Your husband comes home hungry and wants a hot meal. You say,

16. Friends drop by without an invitation at 05:00 p.m. It is now 07:00 p.m. and you want to serve dinner to your family. You don't have enough to include the guests. You say,

Physiological Cues To Anger (Hand-out)

When we become angry our bodies respond in many ways. Chemical messengers, particularly adrenaline, are pumped into our blood stream and prepare us to respond to the situation, which has made us angry.

Different people have different responses to anger. One person may feel or hot even sweat, whilst another person may feel cold and clammy. There are no "correct" symptoms of anger. What we need to do is to recognize the symptoms in our own bodies.
You will firstly need to think of a situation where you became very angry, if you can visualize it (see it in your mind like a movie) go through the situation slowly and try to feel how you felt as the situation was happening. When you have done this, please tick the physical symptoms that you have experienced when you were angry. If the symptoms you feel are not on the list, write those symptoms below the list in the spaces provided.

Feeling hot	Feeling cold
Increased heart rate	Increased muscle tension
Rigid posture	Angry state/glaring
Scowling	Grinding teeth
Turning pale	Sweating
Twitching	Difficulties in breathing
Goosebumps	Difficulty in swallowing
Loss of concentration	Difficulty speaking
Dry mouth	Tingling sensation in hands or feet
_____	_____
_____	_____
_____	_____[4]

[4] Adapted from Cullen (1992)

How We Learned Anger Questionnaire (Hand-out)

We are not born angry. We learned to be angry from the messages or the behaviors of people who were influential when we were growing up. Such people may have been our parents, but may also have been relatives or people with whom we lived or associated. In completing this questionnaire, you are answering the question: What did I learn from X about Y. Try to answer all the questions.
You should insert the name of a significant person from your childhood in the space provided.

What did I learn from _____ about expressing anger towards others?

What did I learn from _____ about getting things done by suing anger?

What did I learn form _____ about punishment for unacceptable behaviour?

What did I learn from _____ about the world?

What effect has my upbringing had on how I behave now?

What did I learn about violence as I was growing up?

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Timeout Guidelines (Hand-out) Page 1

Imagine the intensity of your anger as ranging from 0 to 10, with no anger being 0, mild irritation, 2, and near-murderous rage, 10. The midpoint of the scale, 5, is where adrenaline tends to take over and you can no longer think. It may take only a few undesirable occurrences or frustrations before you find yourself hovering at that dangerous 9 or 10 level on the scale, ready to snap.

0	1	2	3	4	5	6	7	8	9	10
no anger		irritation			reacting without thinking			fury		rage

You can save yourself (and others) considerable heartache if you can catch yourself before you reach the danger point. Using these guidelines, you can learn to monitor your anger level. If you can deal with your angry feelings at the lower levels - for example, at 2 or 3, or at least before you reach levels of 5 and above, however, you are approaching the brink. When you become that angry, you lose the capacity to listen to others or to your rational self.

One way to arrest your anger before it reaches the danger point is through "time-outs". When you're really angry it is difficult to think rationally. At such times, consider calling a time-out. Leave the room on the immediate situation and do something else, preferably something physical such as walking or other exercise. Wait until the intense anger has subsided before you take action on the situation at hand. Give yourself whatever time you need to center yourself. One you have centered yourself you will be able to think about your goal in the situation before you decide on a plan of action.

If you live with other people, it is best to let them know in advance about your possible need for time-outs or any other strategy you might have for coping with your anger. For example, you could say something like:

> I have a problem with anger. Sometimes I become so angry I can't think rationally. My anger level is so high I'm afraid I'll say or do something I don't mean. When this happens, I need some time to myself to calm down.
>
> I need your help for this. What I plan to do is to take a time-out. I'll simply leave the room and go off by myself to do whatever I need to bring down my anger level. If I walk away from you, it doesn't mean I'm rejecting you or refusing to deal with whatever issue we are talking about. It just means I can't handle it at that moment.

Timeout Guidelines (Hand-out) Page 2

> You are not the problem. My anger is the problem. I'm trying to cope with it as best as I can. But I do know that if I try to talk with you when I'm overflowing with anger, my anger will make our discussion totally unproductive. If you ever need a time-out, you can take one too.

Calling a Timeout

To announce a time-out to your partner, spouse, family member, friend, or whomever, you could say, "I'm getting angry, so angry I can't think straight. I'd like to call a time-out". However sometimes telling someone you are angry is a trigger for *their* defensiveness or retaliatory anger. Because of this, it is suggested that you and your family member or friend develop a nonverbal means of communicating the need for a timeout. For example, a letter "T" could be made with the hands to signal the need for a timeout.

You need to take responsibility for your own anger and behavior- but not for the other person's. Even if he or she is obviously angry, refrain from saying, "You're so angry, we need a time-out", or "If you keep this up, I'm going to burst". Make statement in terms of "I". Better yet, wait until after the timeout has cooled your temper and you have had a chance to think before you make *any* statement.

Timing Timeouts

You and your partner need to agree on a duration for the timeout in advance. Generally an hour to an hour and a half is recommended. If you don't agree on a time span in advance, the time-out can easily be interpreted by the other person as a personal rejection, as your way of not dealing with the problem at hand, or as some other form of escapism. You need to show up at the agreed time and tell your partner whether you are willing or able to talk about the issues at hand. Similarly, the person who is left behind should also be there and not try to escape the situation by being somewhere else at the scheduled reunion time.

During the Timeout

During the time-out, you can do whatever you've decided upon with your therapist. Most likely some of the alternatives discussed in session include doing some physical exercise to reduce your bodily tension. For example, you could take a walk, go running, or take a hot bath. You might also find relief in writing down your thoughts or sharing them with a friend. Or you might want to practice relaxation exercises if you find these helpful.

Do *not* drive, drink, drug or binge eat. Also try, not to use the hour to make a list of everything that is "wrong" with the other person. Focus on calming yourself, using the methods that work for you, whether it's jogging or lying in bed.

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Timeout Guidelines (Hand-out) Page 3

Practicing Timeouts

You may want to practice timeouts when you aren't angry. You may also want to make a contract with your partner regarding time-outs. The following form is a suggestion.

Sabotaging Timeouts

Timeouts can become a weapon, rather than a peace-keeping tool. If you don't come back when you agreed you world, if you consistently use timeouts to avoid dealing with painful or difficult problems, or if you return from time-outs so inebriated or high that you cannot spend time talking with your partner, you will not be achieving the purposes of a timeout. You will only be further alienating your partner and exacerbating the situation, thus defeating the purpose of the timeout.

Timeout Contract (Hand-out)

When I realize that my or my partner's anger is rising, I will give a "T" signal for a timeout and leave at once. I will not hit or kick anything, and I will not slam the door. I will return after no longer than (one hour or whatever time is greed to). I will exercise to use up the anger energy, and I will not drink or use drugs while I am away. I will try not to focus on resentments.

If my partner gives a "T" signal and leaves, I will return the sign and let my partner go without hassle, no matter what is going on. I will not drink or use drugs while my partner is away, and I will avoid focusing on resentments.

When my partner and I meet at the agreed-on-time, I will share with my partner what I was able to understand during the timeout about the causes of my anger, which will most likely include that I either was expecting too much, had not communicated clearly enough, was upset by matters outside our relationship, or was tired, hungry, or feeling ill.

I will also need to "own" (admit to) my error in responding with anger to my partner for situations in the world or the negative state of my physical or emotional health, which were not related to my partner's behavior or attitude.

On the other hand, if my partner did disappoint me, mislead me, mistreat me, or in some other way act in a manner that would anger almost anyone in a similar situation (or which in the past has almost always elicited my anger), then I need to hare this observation with my partner as well.
Basically, I need to say , "My contributions to our conflict are . . . yet, in my view, you contributed by . . . "

Name _____ Date _____

Name _____ Date _____

Module 8

- **Group Debrief**
  Review home tasks and encourage the clients to share their thoughts and feelings at the beginning of the new session. Facilitators should spend about 15-20 minutes on the debrief as well as the schedule for session 8.

- **Healthy lifestyle – nutrition and vitamins**
  Diet
  This section can either be facilitated by one of the therapists or (pending on group consensus) a dietician can be invited to talk about healthy eating. However this should not be done as a lecture but should follow a psychoeducational approach that encourages active participation.
  Many people who are depressed adept unhealthy eating habits. They either eat too much or not enough at all. Some also change their diet to compensate with unhealthy foods for feeling unwell.
  When a person sticks to a diet that is high in grains and vegetables, he/she feels better and his/her moods are more stable. Junk foods that are high in fat, sugar, and salt often deepens depressions and make most people more hyper when they're manic.

  What you eat affects the way you feel.

  My own personal experience has shown me clearly that what I eat affects the way I feel. It is very important for me to avoid sugar. It makes me feel lethargic, foggy, bloated, and uncomfortable. Caffeine speeds me up, so I avoid it if I'm already going faster than is comfortable and am working to slow myself down. I have learned that I cannot digest diary foods; so I avoid all except yogurt.

  Many of the people that the author treated in the past said they had particular eating habits that affect their moods. The author knows that the number would be even higher if people were paying more attention to what they eat and how they feel after they eat it. Many of the participants or depression intervention groups that the author has run before say that food allergies worsen their mood swings.

  Avoid eating any one food excessively or exclusively. You need a varied diet to get all the nutrients necessary to keep you healthy. People with mood swings need to be particularly cautious, because they are so easily thrown out of balance. Especially if an undetected food allergy is in the picture, a varied and healthy diet can go a long way toward minimizing symptoms.

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If you're like so many others, you often crave particular foods in excess. People in the study most frequently mentioned craving foods that are high in sugar, (especially chocolate), carbohydrates, such as bread or pasta, beverages that contain caffeine, and salty foods. Often the foods we crave are the ones we should avoid (a craving can indicate a food allergy!). With a healthy diet, these cravings diminish.

The author recommends *The Self-Healing Cookbook* by Kristina Turner for making the transition to a good diet. It contains information on how foods affect moods and gives a variety of simple recipes that you can alter to suit your tastes and lifestyle. It's a lot of work to get into the mode of eating well, but it's a change that is definitely worthwhile.

You don't have to be super strict. Allow yourself to splurge occasionally and have a treat. Note how you feel afterwards. Any negative symptoms you feel may keep you from splurging too often. Eventually you will get used to the foods in your new, healthy diet, and some of them will seem like treats.

Keep on hand healthy food that are easy to fix or ready to eat - and that you enjoy eating - so you don't stop eating when you are feeling too low to cook.

Weight control

Half the people in a study conducted by the author reported that they are significantly overweight. They often blamed this on the drugs they are taking and/or the bingeing or lethargy that can accompany mood swings.

Food is sometimes the only thing that one can find to alleviate the low feeling, at least while the food is still in one's mouth.

Besides being unhealthy, excess weight makes people feel self-conscious and unattractive, lowering their self-esteem and further complicating their depression.

Case Study - A woman writes: I myself have been significantly overweight. At one time I weighed 30 pounds more than the weight suggested for a woman of my age and build. This was at a time when I was experiencing a lengthy depressive episode and was in an abusive marital situation. I found that I craved sweets and salty foods. As I needed to buy bigger and bigger clothes, I felt worse and worse about myself and my appearance further aggravating my depression. When I realized that I was using food to numb my pain, I started to take better care of myself, avoiding sweets and fast foods, and

treating myself to a good, healthy diet along with a regular program of exercise. I lost most of the weight, but find that it's a constant battle to keep it off. While I realize that it's best for my health if I control my weight, I am also learning to like my body and the way I look, no matter how much I weight.

Many of the people in the study reported talking to their doctor about the relationship between weight gain and the drug or drugs they're taking. Based on the doctor's recommendations, and using all the resources available to them, they made a decision about the nest and safest course of action relative to continuing or changing their drug treatment program.

Some have gone on a weight reduction diet and exercise program based on the best available information. If you have health problems or take medication, it's imperative that you get your doctor's advice before making any changes in your eating or exercise routine. Many study respondents said that they go to weight control support groups such as Overeater's Anonymous or Weight Watchers.

Because feelings about food often have strong emotional connections, many of the people who have successfully lost weight and kept it off have worked closely with a therapist and read resource books about problems with food addiction. Geneen Roth has written a self-help workbook, *Why Weight? A Guide to Ending Compulsive Eating*, which may be helpful to you.

Several people in the study said that they have made the decision to live with their extra weight. They're determined not to let it get in the way of living a full and satisfying life. One woman said: "The effect of my excess weight is diminishing to nothing. About three years ago, I decided I was going to stop feeling inferior, stop talking about it, wear attractive clothes, and go swimming in a $60 lovely suit."

Another respondent said that her weight directly correlates with her self-image and level of self-esteem. She has recently lost weight, is still losing, and feels great about it.

Another person, who lost 130 pounds found that it was scary going from heavier to so much lighter; but the weight loss helped alleviate a back injury, as well as her mania and depression.

Hypothyroidism, or low thyroid function, can cause weight gain and make it difficult to lose unwanted pounds. If you are overweight, make sure you have a complete battery of thyroid tests.

- **Building self-esteem - your uniqueness and personal strengths**
  Remembering Previous Accomplishments

In identifying goals for the future, it's important not to lose sight of what you've already accomplished in your life. It's common to forget about past attainments at those times when you're feeling dissatisfied with yourself. You can raise your self-esteem in a few minutes by thinking about your life and giving yourself credit for those goals you've already achieved.

The following exercise is designed to help you do this. Think about your entire life as you review each area and make a list of your accomplishments. Keep in mind that while it's gratifying to have external, "socially recognized" achievements, the most important attainments are more intangible and internal. What you've given to others (for example, love, assistance, or guidance) and the life lessons you've gained on the road to maturity and wisdom are ultimately your most important accomplishments. Please refer to *List of Personal Accomplishments (Hand-out).* Get all participants to write down their accomplishments before proceeding to the fine-tuning of goals.

Accomplishment of personal goals always adds to your self-esteem. If you look back over your life to the times when you felt most confident, you'll find that they often followed the accomplishment of important personal goals. Although external achievements can never be the *sole* basis of a sense of self-worth, they certainly contribute to how you feel about yourself.

If you are dealing with phobias or panic attacks, a most significant accomplishment is the ability to enter into and handle situations that you previously. An even more unassailable sense of achievement is reached when, in addition to confronting phobic situations, you become confident that you can handle any panic reaction that might arise. The mastery of phobias and panic reactions is a main theme of this book and is dealt with in detail in Chapters 6, 7 and 8. Those of you who have fully recovered from agoraphobia, social phobias, or panic disorders through conscientiously facing the very things you feared most know how much self-confidence and inner strength there is to be gained. Facing your phobias (including the phobia of panic

itself) through a process of gradual exposure will, *in and of itself*, add considerably to your self-esteem.

Beyond the important goal of overcoming phobias and panic, however, are all the other goals you might have in your life. Your sense of self-esteem depends on the feeling that you're making progress toward *all* of your goals. If you feel "stuck" and unable to move toward something important that you want, you may begin to doubt yourself and feel somewhat diminished.

Beyond the issue of recovery from phobias and panic, then, you might ask yourself two questions:

1. What are the most important things I want out of life - now and in the future?

2. What am I doing about these goals right now?

Let's consider each of these. To answer the first question you need to define what your goals are. If this is presently unclear, thinking about what you want in each of the areas below might help you to be more specific:

Physical Health	Friends
Psychological Well-Being	Career
Finances and Money	Education
Intimate Relationships	Personal Growth
Family	Recreation and Leisure
Living Environment	Spiritual Life

Give yourself some time - up to several days if necessary - to clarify what your most important goals are in these areas over the following time intervals: the next month, the next six months, the next year, and the next three years.

Write down your most important goals for each time period, using the chart below. You may wish to talk with a close friend or perhaps a counselor to assist you with the process of clarifying your specific personal goals.

The second question involves honestly evaluating what steps you're currently taking - or not taking - toward attaining your immediate and longer-range goals. Are you genuinely working toward what you want? Or are you making excuses and setting up obstacles to the attainment of what you want? The

popular phrase "taking responsibility for your life: simply means that you take full responsibility for working toward your own goals. Avoiding self-responsibility is to not do anything about what you want and/or to expect someone else to do it for you. Avoiding self-responsibility will guarantee that you'll have feelings of powerlessness, inadequacy, and even hopelessness. A sense of personal self-worth is dependent on taking responsibility for yourself. Please refer to *My Most Important Goals (Hand-out).*

- **Fine-tuning goal setting**
  What are some of the obstacles you might be putting in the way of going after what you want? *Fear* is the greatest impediment to doing something about your goals, just as it is in the case of overcoming phobias. If you don't see yourself moving toward what you want, ask whether you're letting any of the following fears get in your way:

  - Fear of losing present security
  - Fear of failure
  - Fear of personal rejection or the disapproval of others
  - Fear of succeeding (*then* what would I have to deal with!)
  - Fear of your goal involving too much work
  - Fear of your goal involving too much time
  - Fear of your goal involving too much energy
  - Fear that your goal is too unrealistic - for example, that others will discourage you
  - Fear of change itself

The solution to any of these fears about taking action on your life goals is exactly the same as the solution to dealing with a phobia: *face the fear and go forward in small steps.* There is no way to eliminate some risk and discomfort, but breaking a goal down into sufficiently small steps (much like an exposure hierarchy) will enable you to o forward.

While fear is the biggest obstacle to moving forward on goals, guilt can also be an impediment. You may wish to consider whether any of the following beliefs are keeping you from seeking what you want:

"I'm not good enough to have _____."

"I don't deserve to have _____."

"No one in my family has ever done something like that before."

"Others won't approve if I go after _____."

"No one will accept this idea if I try to put it into practice."

The latter two beliefs really could have been listed under fears, but they also involve guilt. To overcome the feeling of not deserving to achieve your goal, I suggest that you work intensively with the simple affirmation "I deserve _____" or "I deserve to have _____." Don't be sparing in the use of repetition with this particular affirmation. Continue to work with it until you develop an emotional conviction that it is true. Developing the belief that you deserve what you truly want will add significantly to your self-esteem.

After you've worked through your specific obstacles to taking action on your goals, it's time to develop a plan of action. Just as you would with a desensitization hierarchy, break down your goal into a series of small steps. Remember that this is a long-range plan. As an option, you may wish to specify a timeframe for accomplishing each step. Be sure that you reward yourself after the accomplishment of each step, just as you would with a phobia hierarchy. You might ask family or friends for their support in your undertaking, much as you would rely on a support person in tackling a phobia.

For example, you might be feeling increasingly dissatisfied with your present line of work about would like to be doing something else. Yet you're not quite sure about what you want to do, let alone how to go about training for it. The broad goal of "getting into another line of work" might seem a bit overwhelming, taken as a whole. But if you break it down into component parts, it becomes more manageable:

1. Find a career counselor you respect (or taking a course in exploring career options at a local college).

2. Explore different options by

- Working with the counselor or taking an appropriate course
- Reading about different vocations in books such as *What Color Is Your Parachute?* and the *Occupational Outlook Handbook*
- Talking to people who hold positions in vocations you feel drawn to
- Narrow down vocational options to one particular type of work (obtain whatever help you need to do this) - focus is extremely important in achieving goals.
- Obtain education or training for the line of work you've chosen.
- Find out where training is available in your area (your local library is a good resource for doing your research)
- Apply to appropriate schools or training programs
- Apply for an educational grant or loan if your education or training will require a full-time commitment
- Complete your education or training (if possible while maintaining your current job).
- Search for an entry-level position in your career.
- Obtain resources that tell you where jobs are available (professional or trade newsletters, journals, alumni organizations, newspapers, and job hot-lines are all good resources)
- Prepare a professional-looking resume
- Apply for jobs
- Go for interviews
- Begin your new career.
- Provided it's physically possible, you can make any major goal manageable by breaking it down into sufficiently small steps. Use the worksheet below to list specific steps you might take to progress toward an important personal goal. Make photocopies of the sheet if there is more than one goal you want to pursue. You may find that you can clarify specific steps more easily by talking about them with a friend or counselor.

The advantage of developing a plan of action is that you then have a "map" to follow in going after what you want; you can always refer to it as you monitor your progress or if you get stuck at any time along the way. If you have trouble with any particular step, you may need to investigate once again any fears or sense of guilt that you're putting in your way.

Taking personal responsibility for achieving the things you want most out of life - and making tangible progress toward obtaining them - will add greatly to your sense of self-esteem. An excellent book for getting started that I've

often recommended to my clients is Susan Jeffers' *Feel the Fear and Do It Anyway*. Please refer to *Plan of Action: Steps Towards My Goal (Hand-out)*

- **Revision of program**
  Discuss with the participants what they have learned in the Beat the Blues program, in particular what skills they have taken away and discuss examples of insight gained during the group intervention program.
  Encourage participants to share how they feel about session 8 being the last session and discuss opportunities for them to form self-help group. Offer assistance if participant's wanted to start such a group. Discuss other community initiatives that they could be part of.

- **Evaluation and Post-intervention assessment**
  Administer a BDI as well as a BAI to all participants.
  Please hand out the *Participant Evaluation of Program (Hand-out)* and ask all participants to fill it out.
  The evaluation is done anonymously. Please encourage participants to make as many comments as possible.

- **Relaxation**
  Prior to the termination of the session and the relaxation exercise participants should be asked whether they want to make some final comments. Encourage questions and support participants when they raise any concerns. Close the session with a relaxation exercise (choice of participants) and encourage people to contact their GP to check their eating habits etc.

Nutrition and Weight Control (Hand-out) Page 1

If you've decided that your weight is a problem that needs to be addressed for reasons of health or to enhance your self-esteem, what is your weight goal? _____ pounds

How many pounds less is this than your present weight? _____

How long are you going to give yourself to lose these pounds? _ _____

Be easy on yourself. Remember - it is never healthy to lose more than two pounds a week. And weight loss does not usually progress evenly, no matter what you do. Don't be discouraged if you hit a plateau that lasts for a while. Be patient. Your weight will eventually continue to drop if you still have more to lose.

If you give in to temptation, don't give up. You haven't done anything serious. Just get back on the diet and stick to it as best as you can. And be sure to give yourself a pat on the back for every good day. When I am dieting, I like to put a star beside the date in my engagement calendar for every day I stick to the diet.

Weight Loss Plan

Recommendations of doctor or health professionals: _____
_____
_____

Results of a complete battery of thyroid tests showed that:

☐ My thyroid is fine
☐ I need further testing
☐ I need treatment for a thyroid disorder

Based on these findings, I am going to take the following action: _____
_____
_____

I plan to attend a weight loss support group (when)_____ (where)_____

(Local newspapers usually list these groups.)

Resources I plan to use (books, videos, classes, etc.): _____
_____
_____

Nutrition and Weight Control (Hand-out) Page 2

Sugar

The number one food culprit for many people is sugar. One study participant described it as "a mood-altering substance that should be avoided by all people with mood disorders, as it can be very dangerous." Other descriptions of the effects of sugar include mood elevation, hyperactivity, fatigue, increased pulse rate, mood instability, depression, loss of control, headaches, irritability, agitation, distorted and exaggerated anxiety, exaggerated moods, and worsened depression.

Many people in the study said that they avoid sugar in any form. It's useful to bear in mind that 100 years ago sugar was a rare and occasional treat. Now it is a standard ingredient used to enhance flavor in most of the prepared foods we buy. Our bodies seem to be having trouble adapting to this increased sugar load.

Dr. Wayne London in his book, *Back to Basics*, advises avoiding or severely limiting your intake of simple carbohydrates (sugar, corn sweeteners, honey, maple syrup, and so on). "If you eat sugar, the yeast in your body ferments the sugar into alcohol and alcohol-like substances. Your body is acting as a brewery." His patients have told him that they experience a "hangover" after eating sugar.

Sugar Blues by William Duffy describes in detail the effect of sugar on the body. *The Yeast Connection Cookbook* by William C. Crook looks at the role of sugar in medical problems involving the yeast *Candida albicans*, and gives dietary solutions. Medical doctors are becoming more aware that excess yeast in the system can cause or worsen mood instability, depression, inability to concentrate, and mental fogginess.

As an experiment, eliminate all sugar from your diet for two weeks. You'll really have to read labels! Closely monitor how you feel - keeping a daily journal will make this easier.

Did eliminating sugar from your diet affect the way you feel? Note whether the symptoms below were aggravated, alleviated, or remained unchanged.

Nutrition and Weight Control (Hand-out) Page 3

Symptoms	Aggravated	Alleviated	Unchanged
Depression			
Mania			
Food cravings			
Bloating			
Heartburn			
Constipation			
Diarrhea			
Headaches			
Sinus problems			
(Other)			

If you noticed significant positive changes as a result of two weeks without sugar, you may want to continue on a low- or no-sugar diet. I eat very little sugar. When I am tempted and give in, I only have to eat a small amount before I begin to notice symptoms. The first symptom I notice is an intense feeling of fatigue.

Because of what I heave learned about the effects of sugar on my body, I have decided to take the following action regarding the use of sugar in my diet:

_____

_____

_____

Caffeine

Many people in the study noted that limiting the caffeine in their diet lessens the intensity of their mood swings. Caffeine can cause mood elevation, nervousness, hyperactivity, jitteriness, irritability, insomnia, anxiety, restlessness, pounding heart, sluggishness, headaches, and overstimulation.

Before you ingest foods containing caffeine, look at it as a drug and give it the same level of consideration. Remember that caffeine is not only in coffee. It is found in tea, various soft drinks, cocoa, and chocolate products. The caffeine content of various foods, taken from the *Wellness Encyclopedia*, is listed below. Of course, these figures can vary according to product and method of preparation.

Nutrition and Weight Control (Hand-out) Page 4

Per 5-ounce serving:			
Coffee, drip	110	-	150 mg.
Coffee, perk	60	-	125 mg.
Coffee, instant	40	-	105 mg.
Coffee, decaffeinated	2	-	5 mg.
Tea, steeped for 5 minutes	40	-	100 mg.
Tea, steeped for 3 minutes	20	-	50 mg.
Hot cocoa	2	-	10 mg.
Per 12-ounce serving:			
Cola drinks			45 mg.
Per 1-ounce serving:			
Milk chocolate	1	-	15 mg.
Bittersweet chocolate	5	-	35 mg.
Per slice:			
Chocolate cake	20		-30 mg.

There are many decaffeinated products on the market that can be used as substitutes but, as you can see, even decaf coffee contains some caffeine!

Check labels to determine the caffeine content of foods and drinks. Being aware of the possible effect of caffeine allows you to make appropriate decisions about when and in what amounts to use it.

It can be difficult to give up caffeine. People who withdraw abruptly from using all caffeine often experience unpleasant reactions, such as a mild but persistent headache, a general feeling of tiredness, an inability to focus mentally, and a constant temptation to "have another cup of coffee." These symptoms decrease over time, but may last up to two weeks. Cutting out caffeine may not be something you can do when you are trying to make many other changes in your life. Gradual withdrawal is an answer for some people.

Nutrition and Weight Control (Hand-out) Page 5

After I drink caffeine I feel

_____

_____

*I intend to make the following changes with regard to the use of caffeine in my diet:*_____

_____

_____

Dairy Products

People respond to dairy products in different ways. Some people say they help, some people say they hinder in the alleviation of mood swings. Positive effects cited by people in the study include soothing, leveling, inducing sleep, and a feeling of well-being. Negative effects include fatigue, irritability, acne, racing pulse, thick mucous, sinus congestion, and intensification of premenstrual syndrome. I find that I can no longer digest diary products at all. I suffer severe digestive symptoms when I give in to the temptation of these delicious foods. Yogurt, mercifully, is an exception, and satisfies my desire for diary products.

It's a good idea to test your reaction to diary products by eliminating them from your diet for two weeks, just as you did with sugar. (Don't try both experiments at the same time, as you won't be able to tell which food type has been causing what set of symptoms.)

Which of these symptoms do you associate with your intake of diary products?

- ☐ Fatigue
- ☐ Gas
- ☐ Irritability
- ☐ Bloating
- ☐ Acne
- ☐ Racing pulse
- ☐ Constipation
- ☐ Sinus congestion
- ☐ Diarrhea
- ☐ Worsened PMS
- ☐ (Other) _____

Nutrition and Weight Control (Hand-out) Page 6

Go through the list again after you've eliminated diary products from your diet for two weeks. **Was there a difference?** _____

Eliminating diary products from my diet for two weeks made the following changes in how I feel:

_____
_____
_____

I have decided to take the following action regarding my use of diary products:

_____
_____
_____

Other Foods That Might Be Causing Problems

People in the study reported on other kinds of food that seem to aggravate their mood swings. Foods mentioned include wheat products, fermented foods, eggs, meats, and tomatoes. You can use the two-week experiment with any that you feel might be aggravating your mood swings or compromising your health. Each experiment will require careful reading of product labels and conscientious monitoring of your reactions in a daily journal. The advantage of this method is that you can eliminate offending foods from your diet one at a time, rather than going on an oppressively restrictive diet with the vague idea that some foods might be bad for you.

Complex Carbohydrates

A diet that is high in complex carbohydrates can increase your level of serotonin, a neurotransmitter that has an antidepressant action. (*Prozac* is an antidepressant that increases the level of serotonin in the brain.) Foods that are high in complex carbohydrates include whole grain breads, pasta, grains (such as rice, millet, and quinoa), potatoes, and vegetables, especially those in the cabbage family. Another way to raise your level of serotonin is to eat a diet that is high in complex carbohydrates, such as the one described in Turner's *The Self-healing Cookbook*. The author finds - and her findings are corroborated by people in the study and people who have attended her workshops - that her cravings decrease when she is on a high complex carbohydrate diet, and she feels better.

Nutrition and Weight Control (Hand-out) Page 7

I am going to make the following adjustments to my diet so that it includes more complex carbohydrates:

_____

_____

Follow a healthy diet that emphasizes complex carbohydrates for two weeks. You will have to read labels. Closely monitor how you feel.

Did following a diet high in complex carbohydrates affect the way you feel? Note whether the symptoms below were aggravated, alleviated, or remained unchanged.

ptoms	Aggravated	Alleviated	Unchanged
Depression			
Mania			
Food cravings			
Bloating			
Heartburn			
Constipation			
Diarrhea			
Headaches			
Sinus problems			
(Other)			

If you noticed positive changes as a result of two weeks on a diet high in complex carbohydrates, you may want to continue with it. It's important to make any significant dietary change in consultation with your physician or a nutrition specialist, especially if you are in poor physical health.

Because of what I have learned about the effects of complex carbohydrates in my diet, I've decided to make the following changes in my eating habits:

_____

_____

Nutrition and Weight Control (Hand-out) Page 8

Vitamins

There is anecdotal evidence that vitamin supplements can make you feel better. However, there is no exact clinical data to corroborate this. A diet that is high in complex carbohydrates and low in fats is the best insurance that your body is getting the nourishment it needs to function optimally. If you are considering using vitamin supplements, check with your doctor and a competent nutritionist.

Changing Your Diet

Let me emphasize that making dietary changes is not easy. Your new diet may require more cooking. It may require separate meals for yourself and other people you live with. It certainly requires changes in habits that have developed over a lifetime. Your new diet may even seem costlier at first, as you stock up on new staples and find out where to buy everything you need.

Again, be gentle with yourself. Give yourself a pat on the back for a job well done, and don't be too hard on yourself for a little backsliding. Change is always difficult. But, believe me, it's worth the effort.

List of Personal Accomplishments (Hand-out) Page 1

For each of the following areas, list any accomplishments you've had up to the present. Use a separate sheet of paper if you need.

School

Work and Career

Home and Family (for example, raising a child or taking care of a sick in-law)

Athletics

Arts and Hobbies

Leadership

Prizes or Awards

Personal Growth and Self-Improvement

List of Personal Accomplishments (Hand-out) Page 2

Charitable Activities

Intangibles Given to Others

Important Life Lessons Learned

Other

My Most Important Personal Goals (Hand-out)

For the next month:

For the next six months:

For the next year:

For the next three years:

Plan of Action: Steps Toward My Goal (Hand-out)

1. My goal (be as specific as possible): _____
_____
_____

2. What small step can I take right now to make some progress toward achieving this goal? _____
_____
_____

3. What other steps will I need to take to achieve this goal? (Estimate the time required to complete each step.) _____
_____
_____
_____
_____
_____
_____
_____

Participant Evaluation of Program (Hand-out) Page 1

You have now completed the BEAT THE BLUES PROGRAM. In order to update and improve the program, we require your feedback. You do not have to provide your name or identify yourself in any way so we would you to be as honest as possible in your comments.

FACILITATORS: _____

_____

Time Frame: _____

Please circle the appropriate response for each of the following:

1. Was the objective of the course clear? YES NO

2. Were the facilitators helpful? YES NO SOMETIMES

3. Was the content useful for you? YES NO SOMETIMES

4. Was there sufficient interaction? YES NO SOMETIMES

5. Would you recommend this program? YES NO
   Why? _____
   _____
   _____

6. How valuable has the program been for you treating you depression?

1	2	3	4	5	6	7	8	9	10
Not at all				Moderately				Extremely	

7. How helpful will this program be in helping you to cope better with your living situation?

1	2	3	4	5	6	7	8	9	10
Not at all				Moderately				Extremely	

8. What sections/topic did you find most useful?
   _____
   _____
   _____

Participant Evaluation of Program (Hand-out) Page 2

9. What sections/content would you like to change?

_____

_____

_____

10. Other comments or recommendation

_____

_____

_____

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APPENDIX A

Literacy Checklist

This checklist is a tool to provide facilitators with information about the participants ability to read and write. It is not a diagnostic test. It is useful to provide facilitators, who are forwarded Appendix A -' Baseline Behavioural Indicators' from other staff, with information about participants. Facilitators can use the information as a guide to gauge the level of support they will need to provide to assist participants with reading and writing tasks.

It should be noted that participants are **not** to be excluded from the program because they will require a high level of support with reading and writing tasks. Participants should be encouraged to answer the questions honestly.

1. Ask the client to complete the personal details on the attached sheet "Assessment Form".

2. Did the client require any assistance with completing this form?
YES/NO
Comment:

_____

_____

_____

3. Ask the client the following questions:

a. Year, age and grade you left school?

_____

_____

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b. How do you feel about reading and writing?

_____

_____

_____

4. Discuss the following checklist and tick where appropriate:

WRITING

A. I can fill in simple forms with my name and address

_____

B I can write a few words to describe something
eg. A time and place to meet a friend, a shopping list
I can fill in simple forms

_____

C I can fill in difficult forms, accident report forms, letters to friends, a letter of complaint

_____

D I can write letters of application for jobs

_____

READING

A I can read shop names and street signs
I can read a TV guide

_____

B I can read some CES Job Cards
I can read a short newspaper article

_____

C I can read and understand letters, newspapers

and magazine articles even though I may not know all the words

_____

D I can read the newspaper with ease, articles of interest and letters to the editor

_____

(Adapted from Yeronga Institute of TAFE)

COMPREHENSION

Have the participants read Section B - Reading Passage, "The birds and the rainbow" and verbally answer the following questions. Interviewer to record the answers in the space provided. Participants may refer to the passage to answer the questions.

(1). Why do some birds call Aaah Aaah Aaah Aaah?

_____

(2). Where did the birds get their colour from?

_____

(3). When did the rainbow appear in the sky?

_____

Note to facilitators:

Clients who only tick category A and/or B of the reading and writing checklist will require a high level of support in tasks that require reading and writing. Those clients who tick category C and/or D will not require much support (if any) on written tasks. These clients may be able to assist clients in category A and B.

Literacy Checklist - Section A
Personal Details

Family Name: .....

First Name: .....

Address: .....

.....

Telephone: .....

D.O.B: .....

Next of Kin: .....

Literacy Checklist - Section B
Reading Passage

The Birds and the Rainbow

When the world was young, in the Dreamtime, a rainbow it appeared in the sky. And this rainbow seemed to take colour from all around it. All the reds, all the blues, all the greens, all the yellows, and it kept on growing and growing and then before your very eyes, the rainbow exploded and when it exploded the pieces of rainbow fell down to the ground, and as they fell down to the ground they changed into all the birds that we know today. And some of the birds, they didn't like the feeling of falling, and they cried out in horror, Aaah Aaah Aaah Aaah, just like the crow does today. And the other birds they thought it was really funny, and they started laughing like this, Haa Haa Haa Haa, just like the kookaburra and other birds, they fell straight down to the ground and they started walking around and they sounded like this... just like the Emu and then other birds, they spread their wings and they started to sing and that is how the birds got their colour and their voices today, because of that rainbow, way back in the Dreamtime." (NSW Adult Migrant English Service, 1997, p 48).

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